

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001656

1. Entity Name

THE ALLIANCE FOR AFFORDABLE HOUSING INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90111 007 \*\*\*\*70.00

Principal Place of Business	Mailing Address
2901 W. BUSCH BLVD SUITE 711 TAMPA FL 33618 US	2901 W. BUSCH BLVD SUITE 711 TAMPA FL 33618-4569 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3182246	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORINA, MICHAEL J 2901 W. BUSCH BLVD SUITE 711 TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CARTEE, BEVERLY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5118 N. 58TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA FL</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	CARTEE, BEVERLY		STREET ADDRESS	5118 N. 58TH STREET		CITY-ST-ZIP	TAMPA FL		<table><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Sue Murphy</td><td></td></tr><tr><td>STREET ADDRESS</td><td>101 E. Kennedy St. 2000</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Tampa FL 33606</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sue Murphy		STREET ADDRESS	101 E. Kennedy St. 2000		CITY-ST-ZIP	Tampa FL 33606	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)