

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001656

1. Entity Name

THE ALLIANCE FOR AFFORDABLE HOUSING INC.

Principal Place of Business

2901 W. BUSCH BLVD
SUITE 711
TAMPA FL 33618
US

Mailing Address

2901 W. BUSCH BLVD
SUITE 711
TAMPA FL 33618
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3182246

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MURPHY, SUE
STREET ADDRESS 101 E KENNEDY STE 2000
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition
NAME Blyden, Elijah
STREET ADDRESS 5704 Neal
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE D ☒ Delete
NAME MORINA, MICHAEL J
STREET ADDRESS 2901 W. BUSCH BLVD
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Change ☒ Addition
NAME Cannon, Charlotte
STREET ADDRESS 2001 83rd Ave, #1053
CITY-ST-ZIP St. Pete, FL 33702

TITLE D ☒ Delete
NAME SHASTEEN, LISA
STREET ADDRESS 2920 HARBORVIEW DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PUCHALLA, RENE
STREET ADDRESS 106 S. ARMENIA
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FERGUSON, MARIE
STREET ADDRESS 2909 RIPKEN LANE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CHRISTOPHER, ESMOND
STREET ADDRESS 8907 RIPKEN LANE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael J. Morina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90030 021 ****70.00

646761



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)