

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001934

1. Entity Name

LOW AND MODERATE AFFORDABLE HOUSING, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 006 ****70.00

Principal Place of Business

8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE FL 32219

Mailing Address

8428 NEW KINGS RD.
SUITE 7
JACKSONVILLE FL 32219

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

59-3197840

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CLARENCE
9357 GILCHRIST CT.
JACKSONVILLE FL 32219

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

Clarence Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 CD ☐ Delete
NAME BEEKS, TERRENCE
STREET ADDRESS 1715 MELSON AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME EDWARDS, BENJAMIN
STREET ADDRESS 6279 PETTIFORD DR. WEST
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete
NAME BEEKS, LATANYA
STREET ADDRESS 1715 MELSON AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME WILLIAMS, CLARENCE
STREET ADDRESS 9357 GILCHRIST CT.
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Walter General
STREET ADDRESS 2836 W. HTH ST
CITY-ST-ZIP Jacksonville, FL 32254

TITLE ☒ Change ☐ Addition
NAME Armando Mameril
STREET ADDRESS 10505 R. S. Bailey Dr.
CITY-ST-ZIP Jacksonville, FL 32246

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

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

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

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:

Clarence Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00

Date

Daytime Phone #

CR20017 01/00/01