

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90458 013 \*\*\*\*61.25

**DOCUMENT # N93000004456**

1. Entity Name

**NONPROFIT HOUSING ROUNDTABLE OF CENTRAL FLORIDA,**

Principal Place of Business

Mailing Address

1950 GERONIMO TRAIL  
 MAITLAND FL 32751

P.O. BOX 948006  
 MAITLAND FL 32794-8006

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

59-3223261

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA**  
**390 N. ORANGE AVE.**  
**SUITE 1100**  
**ORLANDO FL 32801**

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.

**(NOT APPLICABLE)**

SIGNATURE

Signature of individual 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	PD	<input type="checkbox"/> Delete
NAME	PORTA, KATIE	
STREET ADDRESS	P.O. BOX 1300	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANSLEY, BOB	
STREET ADDRESS	100 SOUTH ORANGE AVE., 7TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAUBSCHER, LOUIS	
STREET ADDRESS	1211 ORANGE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, SCOTT	
STREET ADDRESS	6023 WINEGARD RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORTON, BARBARA	
STREET ADDRESS	PO BOX 4963	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTES, FRANTZ	
STREET ADDRESS	525 E SOUTH ST	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin O'Rawe	
STREET ADDRESS	821 Douglas Ave	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

2-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)