2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90033 047 ****70.00

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1. Entity Name

HOMES FOR HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
201 14TH AVE S.E. RUSKIN FL 33570 US	P.O. BOX 771 RUSKIN FL 33570-0771 US

B0015504

DO NOT WRITE IN THIS SPACE

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 59-3211393 ☐ 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
DUKE, DOROTHY 2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33573	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT JJORN, EVAN L. 18240 S. HWY 301-PO BOX 860 WIMAUMA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MS. IDA DE LA ROSA P.O. BOX 502 RUSKIN FL 33570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUKE, DOROTHY 2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HAZEL JACKSON P.O. BOX 54 WIMAUMA, FL 33598	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, MATIAS P.O. BOX 77151 TAMPA FL 33675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NICK CONDOR OUIS 811 S. GROVE PARK AVE TAMPA FL 33609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, DAVID TAMPA CITY CENTER, STE 2100 TAMPA FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, ARNOLD 1521-1/2 SHELLPOINT ROAD RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CLARK, CHARLOTTE 1525 RICKENBACKER DRIVE SUN CITY CENTER FL 33573	☐ Delete NOTE Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dorothy Duke DOROTHY DUKE 1/20/00 813-671-76
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # PRESIDENT