

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90013 001 *****8.75
 06-01-2001 90013 002 *****61.25

DOCUMENT # N93000005137

1. Entity Name

HOMES FOR HILLSBOROUGH, INC.

Principal Place of Business

Mailing Address

201 14th. Ave. SE
 Suite H
 Ruskin, FL 33570

P.O. Box 771
 Ruskin, FL 33570

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

Delete
 DUKE, DOROTHY
 2022 HEATHFIELD CIRCLE
 SUN CITY CENTER, FL 33573

Name

GOLDSTIEN, DAVID

Street Address (P.O. Box Number is Not Acceptable)

912 Cornelius Ave.

City

Tampa

FL

Zip Code

33603

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 TD ☐ Delete
 NAME JORN, EVAN
 STREET ADDRESS 18240 S. Hwy 301--PO Box 860
 CITY-ST-ZIP Wimauma, FL 33598

TITLE D ☐ Change ☐ Addition
 NAME CRUZ, MATIAS
 STREET ADDRESS P.O. Box 77151
 CITY-ST-ZIP Tampa, FL 33675

TITLE PD ☐ Delete
 NAME CLARK, CHARLOTTE
 STREET ADDRESS 1525 Rickenbecker Dr.
 CITY-ST-ZIP Sun City Center, FL 33673

TITLE D ☐ Change ☐ Addition
 NAME BURKE, EILEEN
 STREET ADDRESS 220 12th. St. SE
 CITY-ST-ZIP Ruskin, FL 33570

TITLE SD ☐ Delete
 NAME DE LA ROSA, IDA
 STREET ADDRESS 1610 1st. St. S.W.
 CITY-ST-ZIP Ruskin, FL 33570

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

TITLE D ☐ Delete
 NAME CONDOROUSIS, NICHOLAS
 STREET ADDRESS 811 S. Grove Park Ave.
 CITY-ST-ZIP Tampa, FL 33609

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

TITLE D ☐ Delete
 NAME JACKSON, HAZEL
 STREET ADDRESS 5917 Aley St.
 CITY-ST-ZIP Wimauma, FL 33598

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

TITLE D ☐ Delete
 NAME GOLDSTEIN, DAVID
 STREET ADDRESS 912 Cornelius Ave.
 CITY-ST-ZIP Tampa, FL 33603

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)