

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90170 021 ****70.00

DOCUMENT # N93000005137

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 201 14th. Ave. SE., Suite H

Suite, Apt. #, etc.
 P.O. Box 771

City & State
 Ruskin, FL

City & State
 Ruskin, FL

Zip
 33570

Country
 US

Zip
 33570

Country
 US

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

GOLDSTEIN, DAVID
 912 CORNELIUS AVE
 TAMPA FL 33603

Name
 Goldstein, David

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

4255 W. Humphrey St. #314

City Tampa, FL Zip Code 33614

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 SDT
 NAME JJORN, EVAN L.
 STREET ADDRESS 18240 S. HWY 301-PO BOX 860
 CITY-ST-ZIP WIMAUMA FL ☐ Delete

TITLE D
 NAME SCIONTI, JOSEPH
 STREET ADDRESS 4506 SHAMROCK RD.
 CITY-ST-ZIP TAMPA, FL 33611 ☐ Change ☒ Addition

TITLE PD
 NAME CLARK, CHARLOTTE
 STREET ADDRESS 1525 RICKENBECKER DR
 CITY-ST-ZIP SUN CITY-CENTER FL 33673 ☐ Delete

TITLE S
 NAME BURKE, EILEEN
 STREET ADDRESS 220 12th. ST. SE.
 CITY-ST-ZIP RUSKIN, FL 33570 ☐ Change ☒ Addition

TITLE D
 NAME CRUZ, MATIAS
 STREET ADDRESS P.O. BOX 77151
 CITY-ST-ZIP TAMPA FL 33675 ☐ Delete

TITLE D
 NAME JACKSON, HAZEL
 STREET ADDRESS P.O. BOX 54
 CITY-ST-ZIP WIMAUMA, FL 33598 ☐ Change ☐ Addition

TITLE D
 NAME GOLDSTEIN, DAVID
 STREET ADDRESS 912 CORNELIUS AVE
 CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE TD
 NAME JORN, EVAN L.
 STREET ADDRESS 2519 PALM DR.
 CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE SD
 NAME DE LA ROSA, IDA
 STREET ADDRESS 1610 1ST ST SW
 CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE D
 NAME DE LA ROSA, IDA
 STREET ADDRESS 1610 1st. ST SW
 CITY-ST-ZIP RUSKIN, FL 33570 ☒ Change ☐ Addition

TITLE D
 NAME CONDOROUSIS, NICHOLAS
 STREET ADDRESS 811 S GROVE PARK AVE
 CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D
 NAME GOLDSTEIN, DAVID
 STREET ADDRESS 4255 W. HUMPHREY ST #314
 CITY-ST-ZIP TAMPA, FL 33614 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charlotte Clark

813-633-5805

Date

Daytime Phone #

CR2E037 (9/01)