2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90142 015 ****70.00

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1. Entity Name
HOMES FOR HILLSBOROUGH, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

GOLDSTEIN, DAVID
4255 W. HUMPHREY ST #314
TAMPA FL 33614

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JORN, EVAN L 2519 PALM DR TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCIONTI, JOSEPH 4506 SHAMROCK RD. TAMPA, FL 33611	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, CHARLOTTE 1525 RICKENBECKER DR SUN CITY CENTER FL 33673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURKE, EILEEN 220 12th ST. SE. RUSKIN, FL 33570	☒ 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	D JACKSON, HAZEL P.O. BOX 54 WIMAUMA, FL 33598	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, DAVID 4255 W. HUMPHREY ST. #314 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARMAS, BALVAN RAJ 2404 CAMDEN OAKS PL. VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA ROSA, IDA 1610 1ST ST SW RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRA, SALVADOR S. 733 ELSBERRY RD. APOLLO BEACH, FL 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONDOROUSIS, NICHOLAS 811 S GROVE PARK AVE TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

(PHONE: 813.673.7860

SIGNATURE: CHARLOTTE K. CLARK 1-31-03
Name and Title Date Daytime Phone #