

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000005420**

1. Entity Name

AFFORDABLE HOUSING INSTITUTE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90060 022 ****70.00

Principal Place of Business 2121 B CAMDEN ROAD ORLANDO FL 32803	Mailing Address 2121 B CAMDEN ROAD ORLANDO FL 32803-1431
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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 59-3223001	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NOLAN, WILLIAM T
2121 B. CAMDEN ROAD
ORLANDO FL 32803

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.

SIGNATURE _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME HARTNETT, ROBERT C	
STREET ADDRESS 2121 B. CAMDEN ROAD	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE D	<input type="checkbox"/> Delete
NAME DUNN, FRANCES E	
STREET ADDRESS 2229 OVERLOOK DR	
CITY-ST-ZIP MT DORA FL 32757	
TITLE D	<input type="checkbox"/> Delete
NAME NOLAN, WILLIAM T	
STREET ADDRESS 2121 B. CAMDEN ROAD	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE D	<input type="checkbox"/> Delete
NAME WHITE, LARRY	
STREET ADDRESS 257 PLAZA DR SUITE D	
CITY-ST-ZIP OVIEDO FL 32765	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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 *Robert C. Hartnett* **Robert C. HARTNETT** Date 2-20-00 Daytime Phone # 407-895-1168

CR2E037 (9/99)