

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003215

1. Entity Name

AFFORDABLE NEIGHBORHOOD ECONOMIC DEVELOPMENT, IN

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90017 041 ****61.25

Principal Place of Business

Mailing Address

907 ST. JOHNS AVENUE
PALATKA FL 32177

4980 NW 16TH STREET
LAUDERHILL FL 33313-5526
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373727

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINGLETON, JOHN
28 NORTH WHITNEY STREET
ST. AUGUSTINE FL 32095

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 CPD
NAME ROSE, WILLIAM S
STREET ADDRESS 4980 NW 16TH ST.
CITY-ST-ZIP LAUDERHILL FL 33313

☐ Delete

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

TITLE PSD
NAME EVANS, BRIAN
STREET ADDRESS 1918 ROSELLE AVE.
CITY-ST-ZIP PALATKA FL 32177

☐ Delete

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

TITLE VTD
NAME JOHNSON, AARON
STREET ADDRESS 140 AVENUE U N.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Delete

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

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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:

William S. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 954-484-9564

Date

Daytime Phone #

CR2E037 (9/99)