

2000 UNIFORM BUSINESS REPORT (UBR)

0067580

DOCUMENT # N95000004382

1. Entity Name

NATIONAL COALITION FOR AFFORDABLE HOUSING INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 29 PM 4: 58

Principal Place of Business

Mailing Address

~~1000 OREGON COURT~~
~~SARASOTA FL 34236~~

~~1000 OREGON COURT~~
~~SARASOTA FL 34236-0343~~

2. Principal Place of Business

1180 52nd Street

3. Mailing Address

1180 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL 34234

City & State

Sarasota, FL 34234

4. FEI Number

NOT APPLICABLE

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

WARD, LONNIE JR.

~~1000 OREGON COURT~~
~~SARASOTA FL 34236~~

Name

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

1180 52nd St.

City

Sarasota

FL

Zip Code

34234

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WARD, LONNIE JR.
~~1000 OREGON COURT~~
~~SARASOTA FL 34236~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1180 52nd Street
Sarasota, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TROUPE, FLORA
~~1000 OREGON COURT~~
~~SARASOTA FL 34236~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARD, JAMES E
~~1000 OREGON COURT~~
~~SARASOTA FL 34236~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
same as above 900003189299-6
-03/30/00--01006--011
****808.75 *****21.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900003189299-6
-03/30/00--01006--012
****122.50 *****48.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3/29

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 (9/99)

941
3-29-00 360-8185