

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005826

1. Entity Name

FLORIDA HOUSING TRUST, INCORPORATED

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90097 028 \*\*\*\*61.25

Principal Place of Business

7400 SKIPPER LN  
TALL FL 32311  
US

Mailing Address

7400 SKIPPER LN  
TALL FL 32311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346377

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

REISTER, ROBERT M  
7400 SKIPPER LN  
TALL FL 32311

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**  
**After September 13, 2000 min. will be \$236.25**

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 VPD ☒ Delete  
NAME REISTER, ROBERT  
STREET ADDRESS 804 ELIZABETH DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE P/D ☐ Change ☒ Addition  
NAME BLEAH K. CARTER  
STREET ADDRESS 804 ELIZABETH DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VPD ☐ Delete  
NAME REISTER, R  
STREET ADDRESS 7400 SKIPPER LN  
CITY-ST-ZIP TALL FL 32311

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

TITLE STD ☐ Delete  
NAME LOVELADY, D B  
STREET ADDRESS RT 3 BOX 238  
CITY-ST-ZIP TALL FL 32308

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Signature of Bleah K. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/00 850/553-4079

CR2E037 (5/00)