

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N960000002967**

1. Entity Name

HOUSING COUNSELING SERVICES INC.
R

Principal Place of Business

Mailing Address

12 WEST UNIVERSITY AVE. SUITE
GAINESVILLE, FL. 32601 204

2. Principal Place of Business

12 WEST UNIV. AVE.

3. Mailing Address

12 WEST UNIV. AVE.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

GAINESVILLE

City & State

GAINESVILLE

Zip

32601

Country

Alachua

Zip

32601

Country

Alachua

6. Name and Address of Current Registered Agent

JONAS C. MILTON SUITE 204
12 WEST UNIV. AVE.
GAINESVILLE FL 32601

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

Jonas C Milton

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

TITLE **V.P.** ☒ Delete
NAME **BILL WARINNER**
STREET ADDRESS **20 WEST UNIV. AVE SUITE 202**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **VP** ☒ Delete
NAME **LAURA L SHEET**
STREET ADDRESS **3002 NE 13 ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP** ☒ Delete
NAME **INGRID I MILTON**
STREET ADDRESS **3002 NE 13 ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP** ☒ Delete
NAME **BRADY JOHNSON**
STREET ADDRESS **GAINESVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V.P.** ☐ Change ☒ Addition
NAME **DENNIS FRANKLIN**
STREET ADDRESS **927 NW 5TH AVE.**
CITY-ST-ZIP **32601 GAINESVILLE FL**

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

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

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

TITLE ☐ Change ☐ Addition
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:

Jonas C Milton Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90102 008 ****70.00

A0074745

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)