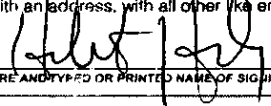


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90032 027 ****70.00

DOCUMENT # N96000005561				DO NOT WRITE IN THIS SPACE	
1. Entity Name LAKELAND-POLK HOUSING CORPORATION					
Principal Place of Business ONE BARNETT PLAZA 1010E KENNEDY BLVD. SUITE 3200 TAMPA FL 33601		Mailing Address P.O. BOX 1009 LAKELAND FL 33802-1009			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3425999	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, RICARDO L ONE BARNETT PLAZA 101 E KENNEDY BLVD SUITE 3200 TAMPA FL 33601				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 _____ (NOT: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARPENTER, BARBARA		NAME		
STREET ADDRESS	1339 ROBERT KING HIGH DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL. 33805		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OLDHAM, CARRIE		NAME		
STREET ADDRESS	420 W VALENCIA STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROWER, KEN		NAME		
STREET ADDRESS	1005 W. DOROTHY STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE	SM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HERNANDEZ, HERBERT		NAME		
STREET ADDRESS	430 S HARTSELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 5/23/01 Daytime Phone #: 863-687-2511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2037 (11/00)