

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000000884**

1. Entity Name

Central Florida Housing Development Corporation

Principal Place of Business

Mailing Address

**1180 52nd St.
Sarasota Fla. 34234**

APPROVED
AND
FILED

01 APR 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1180 52nd St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota Fla

1180 52nd St.

City & State

City & State

Sarasota Fla

Sarasota Fla

Zip

Country

Zip

Country

34234 Sarasota

34234 Sarasota

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Honnie Ward Jr.
1180 52nd St.
Sarasota Fla 34234**

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, 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	Pres. Sec. D	<input type="checkbox"/> Delete
NAME	Honnie Ward Jr.	
STREET ADDRESS	1180 52nd St.	
CITY-ST-ZIP	Sarasota Fla. 34234	
TITLE	James Ward Jr.	<input type="checkbox"/> Delete
NAME	1180 52nd St.	
STREET ADDRESS	Sarasota Fla. 34234	
CITY-ST-ZIP	Sarasota Fla. 34234	
TITLE	F/era Troupe	<input type="checkbox"/> Delete
NAME	1180 52nd St.	
STREET ADDRESS	Sarasota Fla. 34234	
CITY-ST-ZIP	Sarasota Fla. 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004034189-4	
STREET ADDRESS	-04/20/01--01003--019	
CITY-ST-ZIP	****896.25 *****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)