

2002 UNIFORM BUSINESS REPORT (UBR)

0015192

DOCUMENT # N97000000884

1. Entity Name

CENTRAL FLORIDA HOUSING DEVELOPMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 24 AM 10:58

Principal Place of Business

1180 52ND STREET
SARASOTA FL 34234

Mailing Address

1180 52ND STREET
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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.
1180 52ND STREET
SARASOTA FL 34334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WARD, LONNIE JR.
1180 52ND STREET
SARASOTA FL 34234 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WARD, JAMES
1180 52ND STREET
SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200007983882-0-0
-09/24/02--01024--007
*****805.00 *****70.00

TITLE
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TROUPE, FLORA
1180 52ND STREET
SARASOTA FL 34234 ☐ Delete

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☐ Change ☐ Addition

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

Lonnie Ward Jr.

9-24-02

941-360
8145

CR2E037 (4/02)