

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91304 017 ****61.25

DOCUMENT # N97000001017

1. Entity Name

HOUSING BY ST. LAURENCE, INC.

Principal Place of Business

Mailing Address

1717 E FOWLER AVE
 TAMPA FL 33612
 US

1717 E FOWLER AVE
 TAMPA FL 33612
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3440342

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

COUCH, THEODORE J SR
1717 E. FOWLER AVENUE
TAMPA FL 33612

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

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: **PDT** Delete
 NAME: **COUCH, THEODORE J SR**
 STREET ADDRESS: **1717 E. FOWLER AVE.**
 CITY-ST-ZIP: **TAMPA FL 33612**

TITLE: **D** Change Addition
 NAME: **TOM McEWEN**
 STREET ADDRESS: **528 RIVIERA DR.**
 CITY-ST-ZIP: **TAMPA, FL 33606**

TITLE: **VPD** Delete
 NAME: **CAPITANO, JOSEPH**
 STREET ADDRESS: **2004 DURHAM**
 CITY-ST-ZIP: **TAMPA FL 33605**

TITLE: **D** Change Addition
 NAME: **LINDA LYNCH**
 STREET ADDRESS: **5225 N. HIMES AVE.**
 CITY-ST-ZIP: **TAMPA, FL 33614**

TITLE: **D** Delete
 NAME: **HIGGINS, LAURENCE REV.**
 STREET ADDRESS: **5225 NORTH HIMES AVENUE**
 CITY-ST-ZIP: **TAMPA FL 33614**

TITLE: **D** Change Addition
 NAME: **JOHN LYNCH**
 STREET ADDRESS: **5225 N. HIMES AVE.**
 CITY-ST-ZIP: **TAMPA, FL 33614**

TITLE: **VPS** Delete
 NAME: **CROWDER, WILLIAM C**
 STREET ADDRESS: **1717 E FOWLER AVE**
 CITY-ST-ZIP: **TAMPA FL 33612**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **EDWARDS, ROBERT L (PETE)**
 STREET ADDRESS: **2909 W. CHERRY**
 CITY-ST-ZIP: **TAMPA FL 33607**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **MURRAY, POLLY**
 STREET ADDRESS: **5225 NORTH HIMES**
 CITY-ST-ZIP: **TAMPA FL 33614**

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: *William C Crowder*

5-11-01 813-971-1040

CR2E037 (10/00)