

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90022 030 \*\*\*\*61.25

**DOCUMENT # N99000006116**

1. Entity Name

**GREATER TAMPA HEIGHTS COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

1808 N. MORGAN ST.  
 TAMPA FL 33602

Mailing Address

1808 N. MORGAN ST.  
 TAMPA FL 33602

2. Principal Place of Business

**310 EASK OAK ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO Box 172477**  
 Suite, Apt. #, etc.

City & State

**TAMPA, FLA**

City & State

**TAMPA, FLA**

4. FEI Number

**59-3605358**

Applied For

Not Applicable

Zip

**33602**

Country

**USA**

Zip

**33672**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, DAVID**  
**2826 N. CENTRAL AVENUE**  
**TAMPA FL 33602**

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

SIGNATURE

*David Foster*

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

TITLE PD ☐ Delete  
 NAME STEWART, JONI C  
 STREET ADDRESS 310 E. OAK AVENUE  
 CITY-ST-ZIP TAMPA FL 33602

TITLE VPD ☒ Delete  
 NAME ERWIN, JULIAN  
 STREET ADDRESS 2403 ARDSON PLACE  
 CITY-ST-ZIP TAMPA FL 33629

TITLE VPD ☐ Delete  
 NAME DUHIG, JOHN  
 STREET ADDRESS 1603 N. FLORIDA AVENUE  
 CITY-ST-ZIP TAMPA FL 33602

TITLE TD ☐ Delete  
 NAME CLARKE, BECKY  
 STREET ADDRESS 5139 S. NICHOL STREET  
 CITY-ST-ZIP TAMPA FL 33611

TITLE SD ☒ Delete  
 NAME PORTIER-BROWN, LORI  
 STREET ADDRESS 5300 WEST CYPRESS STREET  
 CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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 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:

**SIGNATURE REQUIRED**

*9/6/02*

CR2E037 (4/02)