

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 10 PM 4:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000055621

1. Entity Name

QUALITY HOUSING PARTNERS

NO. 16 GENERAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Cleveland Street

Suite, Apt. #, etc.

Suite 460

City & State

Clearwater, FL

Zip

33755

Country

USA

3. Mailing Address

600 Cleveland Street

Suite, Apt. #, etc.

Suite 460

City & State

Clearwater, FL

Zip

33755

Country

USA

4. FEI Number

593656697

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Elise K. Winters, P.A.

Street Address (P.O. Box Number is Not Acceptable)

600 Cleveland Street

Suite 940

City

Clearwater

FL

Zip Code

33755

**DO NOT WRITE
IN THIS SPACE**

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D P T
Clifford W. Reynolds
600 Cleveland St., Ste 460
Clearwater, FL 33755

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D V P S
Gary Reynolds
600 Cleveland St., Ste 460
Clearwater, FL 33755

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Reynolds, Secretary

Date

(727) 449-8788

Daytime Phone #

CR2E034B (12/01)