

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-09-2002 90025 021 ***550.00

DOCUMENT # P01000033998

1. Entity Name

HOUSING RE-DEVELOPMENT, INC.

Principal Place of Business

4324 W. 3RD ST.
LEHIGH ACRES FL 33971

Mailing Address

4324 W. 3RD ST.
LEHIGH ACRES FL 33971

42871

2. Principal Place of Business

5170 BUCKINGHAM RD
Suite, Apt. #, etc.

3. Mailing Address

5170 BUCKINGHAM RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

65-1088302

Applied For

Not Applicable

Zip

33905

Country

LEC

Zip

33905

Country

LEC

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONERGAN, JOHN R ESQ.
12520 WORLD PLAZA LN., STE. 1
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name Eric J. Herrholz
Street Address (P.O. Box Number is Not Acceptable)5170 Buckingham Rd
City Ft. Myers FL Zip Code 33905

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

9-3-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRHOLZ, ERIC J
STREET ADDRESS 4324 W. 3RD STREET
CITY-ST-ZIP LEHIGH ACRES FL 33971
5170 Buckingham Rd
Ft. Myers, FL 33905☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9-302

728-8000

CR2E034 (4/02)