

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90027 028 ***150.00

DOCUMENT # P93000054627

1. Entity Name

HOUSING AMERICA REALTY INC.

Principal Place of Business

**12118 PANAMA CITY BCH PARKWAY
 PANAMA CITY BEACH FL 32407
 US**

Mailing Address

**P O BOX 9578
 PANAMA CITY BEACH FL 32417-9578
 US**

952504

2. Principal Place of Business

3. Mailing Address

**104 ROGUES ROOST DR.
 Suite, Apt. #, etc.**

**P.O. BOX 342318
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

AUSTIN TEXAS

City & State

AUSTIN, TEXAS

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

78734

Country

TRAVIS

Zip

78734

Country

TRAVIS

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

**CREIGHTON, THOMAS G
 12118 PANAMA CITY BEACH PARKWAY
 PANAMA CITY BEACH FL 32407**

Name

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

City

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

Thomas G. Creighton **Pres. (THOMAS G. CREIGHTON)**

4-11-01

Signature, typed or printed name of registered agent and date 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CREIGHTON, THOMAS G 12118 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CREIGHTON THOMAS G. 104 ROGUES ROOST DR. 106 AUSTIN, TEXAS 78734	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas G. Creighton **Pres. (THOMAS G. CREIGHTON)**

4-11-01

(512) 608-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)