

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063198

1. Entity Name

SCB HOUSING CORP.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90002 018 ***150.00

Principal Place of Business

Mailing Address

11605 N. NEBRASKA AVE.
TAMPA FL 33612
US

11605 N. NEBRASKA AVE.
TAMPA FL 33612-5738
US

2. Principal Place of Business

3. Mailing Address

3627 W. Waters Ave

3627 W. Waters Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 800

Suite 800

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33614

33614

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3363209

Applied For

Not Applicable

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

COHN, STEVEN A
3300 CHEVIOT DRIVE
TAMPA FL 33618

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

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, 2000 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 | PDC BROWER, COREY G 3332 WESTMORELAND DR. TAMPA FL 33618 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST COHN, STEVEN A 3300 CHEVIOT DRIVE TAMPA FL 33618 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(913) 877-5400

CR2E034 (9/99)