

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90151 027 \*\*\*150.00

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**DOCUMENT # P96000030799**

**1. Entity Name**  
**HAVERHILL HOUSING, INC.**



**Principal Place of Business**  
7575 DR. PHILLIPS BLVD.  
SUITE 310  
ORLANDO FL 32819

**Mailing Address**  
215 N EOLA DRIVE  
ORLANDO FL 32801

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 59-3371246

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

FILDES, RICHARD J  
215 N EOLA DRIVE  
ORLANDO FL 32801

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HARGADON, E W	
STREET ADDRESS	7575 DR PHILLIPS BLVD., STE 210	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYNCH, J. CRAIG	
STREET ADDRESS	7575 DR PHILLIPS BLVD., STE 210	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Lowndes  
Drosdick  
Doster &  
Kantor  
Reed, P.A.

A T T O R N E Y S  
A T L A W

Attachment  
DO# 96000030799  
80076124

GAIL S. ANDRÉ  
DIRECT DIAL: (407) 418-6203  
NORTH EOLA DRIVE OFFICE  
POST OFFICE BOX 2809  
ORLANDO, FLORIDA 32802-2809  
gail.andre@lowndes-law.com

 MERITAS LAW FIRMS WORLDWIDE

April 9, 2003

**CERTIFIED MAIL 7099 3400 0008 0390 4512**  
**RETURN RECEIPT REQUESTED**

Registration Section  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32314-6478

**Re: 2003 Uniform Business Report**

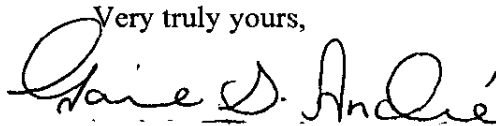
Dear Madam or Sir:

Enclosed is the 2003 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$150.00 payable to the Department of State representing the filing fee:

**HAVERHILL HOUSING, INC.**

Please file the business report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André  
Legal Assistant to  
James J. Hctor

GSA  
Enclosures  
0001524/082907/638176