

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066143

1. Entity Name

AFFORDABLE PROPERTIES OF TAMPA BAY, INC.

Principal Place of Business

337 BRANDYWINE DR.
VALRICO FL 33594

Mailing Address

337 BRANDYWINE DR.
VALRICO FL 33594

2. Principal Place of Business

405 PARK MANOR DR.

Suite, Apt. #, etc.

3. Mailing Address

405 PARK MANOR DR.

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33511

Country

City & State

BRANDON, FL

Zip

33511

Country

4. FEI Number

59-3459168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVINO, DENISE
1207 N. HIMES AVE.
TAMPA FL 33607

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.

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, 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

TITLE DP ☐ Delete
NAME CUNNINGHAM, BRANDON
STREET ADDRESS 337 BRANDYWINE DR.
CITY-ST-ZIP VALRICO FL 33594

TITLE DV ☐ Delete
NAME CUNNINGHAM, LYNETTE
STREET ADDRESS 337 BRANDYWINE DR.
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90246 026 ***150.00

00039875



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)