

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013856

1. Entity Name  
PICERNE HAVERHILL AFFORDABLE HOUSING ASSOCIATES.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90062 006 \*\*\*150.00

C0031745



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3492279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COSTOLO, W. TERRY  
215 N. EOLA DR.  
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D				President/Treasurer/Director		
	PICERNE, ROBERT M	247 N. WESTMONTE DR.	ALTAMONTE SPRINGS FL 32714		Robert M. Picerne	247 N. Westmonte Dr.	Altamonte Springs, FL 32714
					Vice-President		
					Dwayne Walker	247 N. Westmonte Dr.	Altamonte Springs, FL 32714
					Vice-President/Secretary		
					Jack W. Erich	247 N. Westmonte Dr.	Altamonte Springs, FL 32714

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: Robert M. Picerne, Pres. Date: 01/16/01 Daytime Phone #: 407/772-0200

CR2E034 (10/00)