

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019920

1. Entity Name

HELLER AFFORDABLE HOUSING OF  
FLORIDA, INC.



FILED

03 MAR 17 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 West Monroe St.

3. Mailing Address

120 Long Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chicago, IL

City & State

Stamford, CT

4. FEI Number

36-4080445

Applied For

Not Applicable

Zip

60661

Country

USA

Zip

06927

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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 reinsuring)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME	James A. Parke
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	P
NAME	Robert L. Lewis
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	T
NAME	Ricardo B Silva
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	VP
NAME	Ralph J. Willis
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	S
NAME	Wendy E. Ormond
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927
TITLE	AS
NAME	Kathleen L. Mathews
STREET ADDRESS	120 Long Ridge Rd
CITY-ST-ZIP	Stamford, CT 06927

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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03/24/03--01003--016 \*\*150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen L. Mathews

2-26-03 203 357-6567

Date

Daytime Phone #