

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800061415.

1. Entity Name

SOUTH FLORIDA AFFORDABLE HOME  
INVESTMENT, INC.

Principal Place of Business

Mailing Address

10695 DALMANAY WAY.  
ROYAL PALM BEACH  
FL. 33411.

2. Principal Place of Business

10695 DALMANAY WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5563

Suite, Apt. #, etc.

City & State  
ROYAL PALM BEACH FL.

City & State  
LAKE WORTH FL.

4. FEI Number

65-0848714

Applied For

Not Applicable

Zip

Country

33411

U.S.A

Zip

Country

33466

USA

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

MILTON McNEIL  
10695 DALMANAY WAY  
ROYAL PALM BEACH FL. 33411

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  
PRESIDENT  
MILTON McNEIL  
10695 DALMANAY WAY R.P.B. FL.  
33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003441507-8  
-10/27/00-01007-020  
\*\*\*\*\$550.00 \*\*\*\*\$550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
AILEEN McNEIL  
10695 DALMANAY WAY R.P.B. FL.  
33411

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

10/10/2000

Date

Daytime Phone #

CR2E034 (9/99)