

2000 UNIFORM BUSINESS REPORT (UBR)

1/27

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90004 040 ***150.00
 01-27-2000 90107 020 ***158.75

DOCUMENT # P99000001168

1. Entity Name
WORD AFFORDABLE HOUSING, INC.



Principal Place of Business

2229 HIGHWAY 70 WEST
 OKEECHOBEE FL 34974

Mailing Address

2229 HIGHWAY 70 WEST
 OKEECHOBEE FL 34974

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

65-0886981

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

6 SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP
**PVST
 WORD, WINSTON
 2229 HIGHWAY 70 WEST
 OKEECHOBEE FL 34974**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ 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
 Date: 7-20-00 Daytime Phone #: 963-757-7861

Attachment # P99000001168
\$0104711



Please note this check
was returned to me
8-14-00 it is 8-15-00

I'm mailing it back to you

on the 15th

with my Fed. Number
included

Thank you

Edward