

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90105 046 ***150.00

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

**1805 E. Recreation Dr.
 Suite, Apt. #, etc.**

3. Mailing Address

**1805 E. Recreation Dr.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Sebring FL

City & State

Sebring FL

4. FEI Number

65-0886981

Applied For

Not Applicable

Zip

33875

Country

USA

Zip

33875

Country

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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: **PVST** ☐ Delete
 NAME: **WORD, WINSTON**
 STREET ADDRESS: **2229 HIGHWAY 70 WEST**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME: **PATRICIA D. MURPHY**
 STREET ADDRESS: **1805 E. Recreation Dr.**
 CITY-ST-ZIP: **Sebring FL 33875**

TITLE: **PVST** ☒ Change ☐ Addition
 NAME: **Winston Word**
 STREET ADDRESS: **1805 E. Recreation Dr.**
 CITY-ST-ZIP: **Sebring FL 33875**

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/01)