

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038353

1. Entity Name

QUALITY HOUSING PARTNERS NO. 14 GENERAL CORP.

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90065 015 ***150.00

A0041536



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

600 CLEVELAND ST. SUITE 990
 CLEARWATER FL 33755

600 CLEVELAND ST. SUITE 990
 CLEARWATER FL 33755-4176

2. Principal Place of Business

600 Cleveland Street

3. Mailing Address

600 Cleveland Street

Suite, Apt. #, etc.

Suite 670

Suite, Apt. #, etc.

Suite 670

City & State

Clearwater FL

City & State

Clearwater, FL

4. FEI Number

Applied for

Applied For

Not Applicable

Zip Country
 33755 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

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
 390 N ORANGE AVE, SUITE 1100
 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, 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 D ☐ Delete
 NAME REYNOLDS, CLIFFORD W
 STREET ADDRESS 600 CLEVELAND ST, SUITE 990
 CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☐ Delete
 NAME REYNOLDS, ELOISE
 STREET ADDRESS 600 CLEVELAND ST, SUITE 990
 CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☒ Delete
 NAME LAIRD, ROBERT C
 STREET ADDRESS 600 CLEVELAND ST, SUITE 990
 CITY-ST-ZIP CLEARWATER FL 33755

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

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

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:

Clifford W Reynolds
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)