

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000008937**

1. Entity Name

NORTH FLORIDA HOUSING OUTLET, INC.

Principal Place of Business

MIDDLEBURG, FL

Mailing Address

**1661 BLANDING BLVD
MIDDLEBURG FL 32068**

2. Principal Place of Business

MIDDLEBURG

Suite, Apt. #, etc.

3. Mailing Address

1661 Blanding Blvd

Suite, Apt. #, etc.

City & State

Middleburg

Zip

32068

Country

USA

City & State

FLORIDA

Zip

32068

Country

USA

4. FEI Number

59-3593077

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAROLD M. EDWARDS
13756 Moorings Lane
Jacksonville, FL 32257**

7. Name and Address of New Registered Agent

Name

Patricia V. Jones

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

1661 Blanding Blvd.

City

Middleburg FLA.

FL

Zip Code

32068

8. The above named entity is

in process of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

Signature

Not Applicable

(NOTE: Registered Agent signature required when registering)

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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	HAROLD M. EDWARDS	
STREET ADDRESS	3756 Moorings Ln	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA V. JONES	
STREET ADDRESS	8797 Hammondwood Dr.	
CITY-ST-ZIP	Jacksonville FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 NOV 27 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

KE