

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078206

1. Entity Name

HOUSING AMERICA FINANCE, INC.

Principal Place of Business

POST OFFICE BOX 9578
PANAMA CITY BEACH FL 32417-9578

Mailing Address

POST OFFICE BOX 9578
PANAMA CITY BEACH FL 32417-9578

2. Principal Place of Business

104 ROGERS ROOST DR

3. Mailing Address

P.O. BOX 342318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUSTIN TEXAS

City & State

AUSTIN TEXAS

Zip

78734

Country

TRAVIS

Zip

78734

Country

TRAVIS

4. FEI Number 59-3597787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, BETTINA M
7813 NORTH LAGOON DRIVE, 9E
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

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

City

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PST AUSTIN, BETTINA M 7813 N LAGOON DR 9E PANAMA CITY FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. AUSTIN, BETTINA M. 104 ROGERS ROOST DR. AUSTIN, TEXAS 78734	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. THOMAS G. CROUGHTON 104 ROGERS ROOST DR AUSTIN TEXAS 78734	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90313 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)