

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90120 027 ***150.00

DOCUMENT # P99000091250

1. Entity Name

QUALITY HOUSING PARTNERS NO. 15 GENERAL CORP.

Principal Place of Business

600 CLEVELAND STREET
 STE 600
 CLEARWATER FL 33755

Mailing Address

600 CLEVELAND STREET
 STE 600
 CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

Suite 460

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

59-3645000

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

B&C CORPORATE SERVICES OF CENTRAL FLA INC.
390 NORTH ORANGE AVENUE SUITE 1100
ORLANDO FL 32801

Name

Elise K. Winters

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

600 Cleveland St

Suite 940

City

Clearwater

FL

Zip Code

33755

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, CLIFFORD W.	
STREET ADDRESS	600 CLEVELAND STREET, SUITE 990	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, ELOISE	
STREET ADDRESS	600 CLEVELAND STREET, SUITE 990	
CITY-ST-ZIP	CLEARWATER FL 33755	
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		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Bessler	
STREET ADDRESS	600 Cleveland St Suite 460	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 460	
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:

Suzanne Bessler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01
 Date

727-449-8788
 Daytime Phone #

CR2E034 (10/00)