

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000105111*

1. Entity Name

Urban Housing Reinvestment Corp.

Principal Place of Business

Mailing Address

FILED

00 SEP 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

28000 Westbrook Drive

3. Mailing Address

12520 World Plaza Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 1

City & State

City & State

Bonita Springs, FL

Fort Myers, FL

Zip

Zip

Country

Country

34135

USA

33907

USA

4. FEI Number

593-611388

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

*Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, Florida 33134*

7. Name and Address of New Registered Agent

*John R. Lonergan, Esq.
12520 World Plaza Lane
Suite 1
Fort Myers FL 33907*

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, typed or printed name of registered agent and title if applicable.

John R. Lonergan

7-24-00

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

*P357D
Miller, Michelle R.
28000 Westbrook Drive, Suite 200
Bonita Springs, FL 34135*

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*RD
Jamie L. LaCava
28000 Westbrook Drive, Suite 200
Bonita Springs, FL 34135*

☐ Change ☒ Addition

*VP
Georgina C. Moss
28000 Westbrook Drive, Suite 200
Bonita Springs, FL 34135*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*VP
Daniel R. Hall, Jr.
28000 Westbrook Drive, Suite 200
Bonita Springs, FL 34135*

☐ Change ☒ Addition

*200003415982-0
-10/05/00--01124--009
****550.00 ****550.00*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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KE

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: *Jamuel LaCava*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/00
Date

941-543-4273
Daytime Phone #