

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90240 007 \*\*\*\*70.00

**DOCUMENT # N02000003784**  
1. Entity Name  
**THE HISTORIC HAMPTON HOUSE COMMUNITY TRUST, INC.**



Principal Place of Business  
**5750 COLLINS AVE., SUITE 3B  
MIAMI BCH FL 33140**

Mailing Address  
**5750 COLLINS AVE., SUITE 3B  
MIAMI BCH FL 33140**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**P.O. Box 471814**

3. Mailing Address  
**P.O. Box 471814**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

Zip  
**33247-1814**

Country  
**USA**

4. FEI Number  
**30-0120658**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAPP, LARRY D  
5750 COLLINS AVE., SUITE 3B  
MIAMI BCH FL 33140**

7. Name and Address of New Registered Agent  
Name **LARRY CAPP**  
Street Address (P.O. Box Number is Not Acceptable)  
**18355 NW 61 Ave**  
City **MIAMI, FL** Zip Code **33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry D. Capp* DATE **2-11-03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEATTY, ROBERT 441 GRAND CONCOURSE MIAMI SHORES FL 33138</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VICKERS, MILTON 7946 NW 162ND ST. MIAMI LAKES FL 33016</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, DOTTIE 13724 NW 22ND PL OPA LOCKA FL 33054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAPP, LARRY 5750 COLLINS AVE., SUITE 3B MIAMI BCH FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V IRVING, DONALD 15705 NW 37TH CT. OPA-LOCKA FL 33054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HERSH, KATHY 9051 SW 69TH CT. MIAMI FL 33158</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ann McPhee - Morman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8841 W. Long Acre Drive Miramar FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BOB D. HERSH</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Erin Pin Kney</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4990 NW 31 Ave MIAMI, FL 33137</b>
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry D. CAPP* DATE **2-11-03** (305) 810-0036

CR2037 (10/02)