

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90088 048 ****61.25

DOCUMENT # N31111

1. Entity Name

F.G.H.A., INC.

Principal Place of Business

**C/O ABE SCHESTOPOL
 2004 FOREST GLEN COURT
 TALLAHASSEE FL 32303
 US**

Mailing Address

**P O BOX 3848
 TALLAHASSEE FL 32315
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3129194

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

**SCHESTOPOL, ABE
 2004 FOREST GLEN COURT
 TALLAHASSEE FL 32303**

Name

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

City

FL

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

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD DAVIDSON, JON**
 STREET ADDRESS **2015 FOREST GLEN COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD SCHESTOPOL, ABE**
 STREET ADDRESS **2004 FOREST GLEN CT**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BOWERS, JOAN**
 STREET ADDRESS **2024 FOREST GLEN COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WD RUDY, HARRY**
 STREET ADDRESS **2022 FOREST GLEN COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD CAROLYN LENCZYK**
 STREET ADDRESS **2016 FOREST GLEN CT.**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD SYLVIA LANDRUM**
 STREET ADDRESS **2002 FOREST GLEN CT.**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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: ONLINE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 850 386 8955
 Date Daytime Phone #

CR2E037 (10/00)