

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90198 014 \*\*\*\*61.25

**DOCUMENT # N44524**

1. Entity Name

**KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 44033  
 JACKSONVILLE FL 32231

P.O. BOX 44033  
 JACKSONVILLE FL 32231-4033

2. Principal Place of Business

3. Mailing Address

**4012 ORTEGA FOREST DR**

**4012 ORTEGA FOREST DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3078421**

Applied For

Not Applicable

Zip

**32210**

Country

**USA**

Zip

**32210**

Country

**USA**

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

**SMITH, STEVEN R**  
**1000 RIVERSIDE AVE**  
**SUITE 800**  
**JACKSONVILLE FL 32204**

Name  
**STEVEN R SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**4012 ORTEGA FOREST DR**

City  
**JACKSONVILLE**

FL

Zip Code

**32210**

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

*Steven R Smith*

**STEVEN R SMITH**

**4/25/00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FROST, MARK M</b>	
STREET ADDRESS	<b>4030 HERSCHEL STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, STEVEN R</b>	
STREET ADDRESS	<b>P.O. BOX 44033 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, H. DANIEL</b>	
STREET ADDRESS	<b>10809 NW 31ST PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GROOMS, RUSSELL E JR</b>	
STREET ADDRESS	<b>155 BLANDING BLVD.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURKNETT, ROY L</b>	
STREET ADDRESS	<b>6010 DUCLAY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWAN, DOUG</b>	
STREET ADDRESS	<b>2350 N. PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Steven R Smith* **SECRETARY**  
**STEVEN R SMITH** **4/25/00** **904-384-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)