

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44524

1. Entity Name

KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

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

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

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

4012 ORTEGA FOREST DR

3. Mailing Address

4012 ORTEGA FOREST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE D ☒ Delete  
 NAME FROST, MARK M  
 STREET ADDRESS 4030 HERSCHEL STREET  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ Delete  
 NAME SMITH, STEVEN R  
 STREET ADDRESS P.O. BOX 44033 N/A  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
 NAME FRIEDMAN, H. DANIEL  
 STREET ADDRESS 10809 NW 31ST PLACE  
 CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ Delete  
 NAME GROOMS, RUSSELL E JR  
 STREET ADDRESS 155 BLANDING BLVD.  
 CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Delete  
 NAME TURKNETT, ROY L  
 STREET ADDRESS 6010 DUCRAY RD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
 NAME SWAN, DOUG  
 STREET ADDRESS 2350 N. PONCE DE LEON BLVD  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)