

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725629

1. Entity Name

RIVIERA BEACH HOUSING CORP, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90003 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2014 W. 17TH COURT  
RIVIERA BEACH FL 33404-5002

2014 W. 17TH COURT  
RIVIERA BEACH FL 33404-5002

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

59-1687746

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

MOYE, JESSIE L  
507 WEST 1ST STREET  
RIVIERA BEACH FL 33404

Name

FLOREEDA R. SMITH

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

1141 W Third Street

City

RIVIERA BEACH

FL

Zip Code  
33404

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2000

**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	D	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, CALVIN	
STREET ADDRESS	700 W 5TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, OWEN A	
STREET ADDRESS	641 NW 9 CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33404	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MOYE, JESSIE	
STREET ADDRESS	507 W. 1ST STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, COURTNEY	
STREET ADDRESS	523 W. 29TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYLES, RICHARD	
STREET ADDRESS	431 W. 36TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	SMITH, FLOREEDA	
STREET ADDRESS	1141 S 3RD ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earlene Weston	
STREET ADDRESS	3029 AVENUE T	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY KNOWLES	
STREET ADDRESS	523 W 29th Street	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gretta vonUnruh	
STREET ADDRESS	1053 Powell Drive	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Dr. Tony Drayton	
STREET ADDRESS	1524 35th Street	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Candace Toombs-Bunch	
STREET ADDRESS	1962 W 17th Court #2	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Herring	
STREET ADDRESS	1372 W Third Street	
CITY-ST-ZIP	Riviera Beach, FL 33404	

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000

CR2E037 (9/99)