

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90223 001 ***122.50

DOCUMENT # 725629

1. Entity Name

RIVIERA BEACH HOUSING CORP, INC.



Principal Place of Business

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

Mailing Address

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

35002623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1687746**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNOWLES, COURTNEY
523 WEST 29TH STREET
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Dr. Tony F. Drayton

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

1524 WEST 35th 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Raymond J. Drayton

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

(NOTE: Registered Agent signature required when reinstating)

01/07/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEBROSSE, MARIE	
STREET ADDRESS	2015 WEST 17TH COURT	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, COURTNEY	
STREET ADDRESS	523 WEST 29TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONUNRUH-CROSS, GRETA	
STREET ADDRESS	1053 POWELL DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	M	<input type="checkbox"/> Delete
NAME	JORDAN, GEORGE F	
STREET ADDRESS	3029 AVE 'F'	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRAYTON, TONY F	
STREET ADDRESS	1524 WEST 35TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, EDWARD	
STREET ADDRESS	1208 WEDGEWOOD PLAZA DRIVE	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBROSSE, MARIE	
STREET ADDRESS	5141 CARIBBEAN BLVD. # 925	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, GLORIA	
STREET ADDRESS	1210 R AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONUNRUH-CROSS, GRETA	
STREET ADDRESS	1035 POWELL DRIVE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, TONY F.	
STREET ADDRESS	1524 WEST 35TH STREET	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, EDWARD JR.	
STREET ADDRESS	2701 27th WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03

561-845-7450

CR2E037 (10/02)