

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752328

1. Entity Name

HOUSING FOR HANDICAPPED, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 PM 3:23

Principal Place of Business

16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501

Mailing Address

16158 S. MILITARY TRAIL
DELRAY BCH FL 33484-3501

WR



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1519622

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPEICHER, JOSEPH S.
16158 S. MILITARY TRAIL
DELRAY BEACH FL 33484-3501

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
After September 12, 2001, min. will be \$236.25

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: SD
NAME: LINVILLE, BILLIE Delete
STREET ADDRESS: 50 SE 12TH STREET #241
CITY-ST-ZIP: BOCA RATON FL

TITLE: P Change Addition
NAME: Adele Kaserman
STREET ADDRESS: 5420 Viburnum Circle
CITY-ST-ZIP: Delray Beach FL 33484

TITLE: PD Delete
NAME: RUBIN, KENNETH S.
STREET ADDRESS: 4251 BRANDON DR.
CITY-ST-ZIP: DELRAY BEACH FL

TITLE: PP Change Addition
NAME: Kenneth Rubin
STREET ADDRESS: 695 Enfield Ct
CITY-ST-ZIP: Delray Beach FL 33444

TITLE: TD Delete
NAME: TRIESTE, J. ALEXANDER
STREET ADDRESS: 399 N.W. 2ND AVE
CITY-ST-ZIP: BOCA RATON FL

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
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)(f), 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: *Kenneth Rubin* Kenneth Rubin

9/4/01 561 495-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

M10/16