

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762751

1. Entity Name

NEIGHBORHOOD HOUSING AND DEVELOPMENT CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90144 015 ****70.00

Principal Place of Business 602 S. MAIN STREET SUITE C GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 2608 GAINESVILLE FL 32602-2608
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 633 NW 8th Avenue	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville, FL	City & State
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4. FEI Number 59-2203965	Applied For <input type="checkbox"/> Not Applicable
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Zip 32601	Country US	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, NICK
4010 NEWBERRY ROAD
SUITE D
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, MICHAEL D. 10949 NW 32ND PLACE GAINESVILLE FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISE, ANDREW J. 2918 NE 18 WY GAINESVILLE FL 32609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAUL, TERESA 5010 N W 43RD ST GAINESVILLE FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ROBERT S 2221 NW 3RD PLACE GAINESVILLE FL 32603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANON, JOEL 1019 NW 6TH AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERKALO, DAVID 3621 NW 104TH DRIVE GAINESVILLE FL 32606 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAVID HERKALO DATE: 3/14/00 DAYTIME PHONE #: 352-380-9117

CR2E037 (9/99)