

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763119

1. Entity Name

THE DIOCESAN HOUSING BUREAU, INC.

Principal Place of Business

Mailing Address

PROVIDENCE CENTER
134 E. CHURCH ST.
JACKSONVILLE FL 32202
US

BONNA, SANDRA B
134 E. CHURCH ST.
JACKSONVILLE FL 32202-3130
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2210204

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

JOOS, WILLIAM J
231 EAST ADAMS STREET
JACKSONVILLE FL 32202

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

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 ☐ Delete
NAME ROBSON, SALLY
STREET ADDRESS 1805 FLAG ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Fowler, Hollis Jr
STREET ADDRESS 8739 Ricardo Lane
CITY-ST-ZIP Jacksonville FL 32216

TITLE PD ☐ Delete
NAME GLOCKER, WILLIAM
STREET ADDRESS ONE INDEPENDENT DR., SUITE 3000
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Change ☐ Addition
NAME Glocker, William
STREET ADDRESS One Independent Dr., Suite 3000
CITY-ST-ZIP Jacksonville FL 32202

TITLE STD ☐ Delete
NAME BONNA, SANDRA B
STREET ADDRESS 134 E CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Change ☒ Addition
NAME Belson, Lloyd
STREET ADDRESS 2135 Anniston Road
CITY-ST-ZIP Jacksonville FL 32246

TITLE VD ☒ Delete
NAME MCGARVEY, JAMES
STREET ADDRESS 2453 S 3RD STREET
CITY-ST-ZIP JACKSONVILLE FL 00000 32250

TITLE P ☐ Change ☒ Addition
NAME Swan, Nadine
STREET ADDRESS 1320 Roberts Drive
CITY-ST-ZIP Jacksonville Beach FL 33350

TITLE PD ☐ Delete
NAME WILLIAM, KELLY
STREET ADDRESS 224 NORTH 5TH ST
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE D ☒ Change ☐ Addition
NAME Kelly, William
STREET ADDRESS 224 North 5th Street
CITY-ST-ZIP Jacksonville Beach FL 32250

TITLE D ☐ Delete
NAME CODY, THOMAS R
STREET ADDRESS 3383 UNIVERSITY BLVD., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Change ☒ Addition
NAME Motsett, C. B.
STREET ADDRESS 4457 Barrington Oaks
CITY-ST-ZIP Jacksonville FL 32257

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:

Sandra B. Bonna

(904) 632-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)