

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90210 029 ****61.25

DOCUMENT # 763119

1. Entity Name

THE DIOCESAN HOUSING BUREAU, INC.

HMT

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
 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



DO NOT WRITE IN THIS SPACE

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 _____ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBSON, SALLY	
STREET ADDRESS	1805 FLAG ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLOCKER, WILLIAM	
STREET ADDRESS	ONE INDEPENDENT DR., SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BONNA, SANDRA B	
STREET ADDRESS	134 E CHURCH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGARVEY, JAMES	
STREET ADDRESS	2453 S 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32250	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, KELLY	
STREET ADDRESS	224 NORTH 5TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	CODY, THOMAS R	
STREET ADDRESS	3383 UNIVERSITY BLVD., NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robson, Sally	
STREET ADDRESS	150 E First Street	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glocker, William	
STREET ADDRESS	One Independent Dr. Ste. 2000	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 *Sandra B. Bonna* 3-12-01 904-632-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000127

CR2E037 (10/00)

Attachment
D# 76319

DIOCESAN HOUSING BUREAU, INC.

OFFICERS AND DIRECTORS

D

**Fowler, Hollis, Jr.
8739 Ricardo Lane
Jacksonville FL 32216**

D

**Yates, Alton W.
2923 Ribault Scenic Drive
Jacksonville FL 32208**

D

**Tierney, William J.
P. O. Box 24000
Jacksonville FL 32241-4000**

V/D

**Belson, Lloyd
2135 Anniston Road
Jacksonville FL 32246**

P/D

**Swan, Nadine
740 Selva Lakes Circle
Atlantic Beach FL 32233**

D

**Damato, William
1763 Ravine Side Drive
Jacksonville FL 32225**

D

**Motsett, C.B. (Cork)
4458 Barrington Oaks
Jacksonville FL 32257**