

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 91008 034 ****61.25

DOCUMENT # 763649
 1. Entity Name **NON PROFIT CORPORATION ANNUAL REPORT HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, INCORPORATED**

0038565

Principal Place of Business Mailing Address
 6-11-82 DATE OF INCORPORATION

2. Principal Place of Business 3303 NW 83RD ST. 3. Mailing Address 3303 NW 83RD ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Gainesville, FL Gainesville, FL 4. FEI Number 59-2217411 Applied For Not Applicable
 Zip 32606 Country USA Zip 32606 Country USA 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
 BRADLEY RICHARD Name
 3303 NW 83RD ST. Street Address (P.O. Box Number is Not Acceptable)
 GAINESVILLE, FL 32606 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 *Richard Bradley* RICHARD BRADLEY 3-1-01
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/D ROTHROCK, JOAN
STREET ADDRESS		STREET ADDRESS	2134 NW 58TH BLVD
CITY-ST-ZIP		CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V/D MEYROWITZ, RAYMOND
STREET ADDRESS		STREET ADDRESS	Box 114, Turkey Creek
CITY-ST-ZIP		CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/D HAGUEWOOD, BRUCE
STREET ADDRESS		STREET ADDRESS	14715 NW 39TH PLACE
CITY-ST-ZIP		CITY-ST-ZIP	NEW BERRY, FL 32669
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	T/D STOCKMAN, JIM
STREET ADDRESS		STREET ADDRESS	20223 SW 46TH AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	NEW BERRY, FL 32669
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D COSTELLO, CATHY
STREET ADDRESS		STREET ADDRESS	312 NW 16TH AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	* PLEASE NOTE: ABOVE
STREET ADDRESS		STREET ADDRESS	LISTING IS COMPLETE IN ITS
CITY-ST-ZIP		CITY-ST-ZIP	ENTIRETY.

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: *Richard Bradley* 3-1-01 352-334-4060
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)