2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 763649** 1. Entity Name HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY. I NCORPORATED Principal Place of Business Mailing Address 3303 NW 83 ST 3303 NW 83RD ST PO BOX 2919 PO BOX 2919 GAINESVILLE FL 32602 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2217411 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRADLEY, RICHARD 3303 NW 83 ST **GAINESVILLE FL 32606** 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) 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ROTHROCK, JOAN NAME NAME SAME - ROTHROCK STREET ADDRESS 3134 NW 58TH BLVD STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32606 CITY-ST-7IF TITLE ☐ Delete TITLE

MEYROWITZ, RAYMOND

BOX 114 TURKEY CREEK

ALACHUA FL 32615

SD _____

HAGUEWOOD, BRUCE

14715 NW 39TH PLACE

20723 SW 46TH AVENUE

NEWBERRY FL 32669

312 NW 16TH-AVENUE

GAINESVILLE FL 32601

COSTELLO, CATHY

NEWBERRY FL 32669

STOCKMAN, JIM

NAME

NAME

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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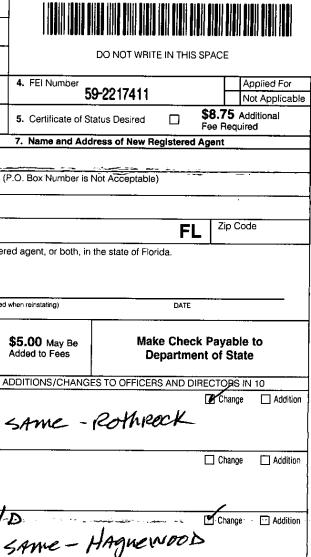
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FILED Mar 25, 2002 8:00 am Secretary of State

03-25-2002 90152 048 ****61.25



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NAURBEN CONPOY

☐ Addition

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Addition

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 of 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

NAME

NAME

TITLE

NAME

- - Delete -- -

Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE - E. - :

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-7IP

Bruce HAGUEWOOD, Pres. 3/12/02 SIGNATURE: