

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 763649

1. Entity Name

HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, INCORPORATED

Principal Place of Business

Mailing Address

3303 NW 83 ST
 PO BOX 2919
 GAINESVILLE FL 32602

3303 NW 83RD ST
 PO BOX 2919
 GAINESVILLE FL 32606
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217411

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

BRADLEY, RICHARD
 3303 NW 83 ST
 GAINESVILLE FL 32606

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 PD Delete
 NAME ROTHROCK, JOAN
 STREET ADDRESS 3134 NW 58TH BLVD
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE **D** Change Addition
 NAME } - SAME - ROTHROCK
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME MEYROWITZ, RAYMOND
 STREET ADDRESS BOX 114 TURKEY CREEK
 CITY-ST-ZIP ALACHUA FL 32615

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME HAGUEWOOD, BRUCE
 STREET ADDRESS 14715 NW 39TH PLACE
 CITY-ST-ZIP NEWBERRY FL 32669

TITLE **P/D** Change Addition
 NAME } - SAME - HAGUEWOOD
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME STOCKMAN, JIM
 STREET ADDRESS 20723 SW 46TH AVENUE
 CITY-ST-ZIP NEWBERRY FL 32669

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~D~~ Delete
 NAME ~~COSTELLO, CATHY~~
 STREET ADDRESS ~~312 NW 16TH AVENUE~~
 CITY-ST-ZIP ~~GAINESVILLE FL 32601~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/D** Change Addition
 NAME MAUREEN CONROY
 STREET ADDRESS 516 NE 4TH ST
 CITY-ST-ZIP GAINESVILLE, FL 32601

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE HAGUEWOOD, Pres. 3/12/02 352-334-4060

Date

Daytime Phone #

CR2E037 (9/01)