

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002364

1. Entity Name

FOUNDATIONS FOR HOME AND COMMUNITY, INC.

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90098 007 \*\*\*\*61.25

Principal Place of Business

240 CORPORATE BLVD  
 NORFOLK VA 23502

Mailing Address

240 CORPORATE BLVD  
 NORFOLK VA 23502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1701723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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's 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 **P** ☐ Delete  
 NAME **IRBY, EDWARD C JR**  
 STREET ADDRESS **240 CORPORATE BLVD**  
 CITY-ST-ZIP **NORFOLK VA 23502**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **HALLER, STEVE**  
 STREET ADDRESS **825 CRAWFORD PARKWAY**  
 CITY-ST-ZIP **PORTSMOUTH VA 23704**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **MCCARTHY, TIM**  
 STREET ADDRESS **825 CRAWFORD PARKWAY**  
 CITY-ST-ZIP **PORTSMOUTH VA 23502**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☒ Delete  
 NAME **HALLER, STEVE**  
 STREET ADDRESS **825 CRAWFORD PARKWAY**  
 CITY-ST-ZIP **PORTSMOUTH VA 23502**

TITLE ☒ Change ☐ Addition  
 NAME **D... Stephen Haller**  
 STREET ADDRESS **240 Corporate Blvd.**  
 CITY-ST-ZIP **Norfolk, VA 23502**

TITLE **D** ☐ Delete  
 NAME **TERKLETAUB, MICHAEL**  
 STREET ADDRESS **602 WEST 26TH STREET, B**  
 CITY-ST-ZIP **RICHMOND VA 23225**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **STEIG, ROBERT W JR.**  
 STREET ADDRESS **GRAFTON SCHOOL, 1114 FAIRFAX PIKE**  
 CITY-ST-ZIP **WHITE POST VA 22663**

TITLE ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(757) 459-5200

CR2E037 (9/01)