

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90027 013 \*\*\*\*61.25

**DOCUMENT # F93000005015**

1. Entity Name

**THE HOUSING RESOURCE FOUNDATION, COUNTRY PLACE,  
 INC.**

Principal Place of Business

Mailing Address

**3530 VICTORIA PARK ROAD  
 JACKSONVILLE FL 32216**

**3530 VICTORIA PARK ROAD  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **51-0353663**

Applied For

Not Applicable

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

**SCHIPPERS, JAY  
 3530 VICTORIA PARK ROAD  
 JACKSONVILLE FL 32216**

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 **CPT** ☐ Delete  
 NAME **SCHIPPERS, JAY M**  
 STREET ADDRESS **3530 VICTORIA PARK ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216** **EXECUTIVE DIRECTOR**

TITLE **SD** ☐ Delete  
 NAME **TOAN, ROBERT W**  
 STREET ADDRESS **% BAKER & MCKENZIE, 805 THIRD AVE.**  
 CITY-ST-ZIP **NEW YORK NY 10022** **SECRETARY**

TITLE **VD** ☒ Delete  
 NAME **EVANS, JEFFREY L**  
 STREET ADDRESS **100 FAIRWAY PARK BLVD., #603**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ Delete  
 NAME **WEAVER, LARRY D**  
 STREET ADDRESS **7900 LONE STAR RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32212**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **MORT GOLDSTEIN**  
 STREET ADDRESS **28 REMSEN ST.**  
 CITY-ST-ZIP **BROOKLYN, NY 11201** **DIRECTOR**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E037 (9/01)