

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90836 016 ****61.25

DOCUMENT # F93000005015

1. Entity Name

THE HOUSING RESOURCE FOUNDATION, COUNTRY PLACE, INC.



Principal Place of Business

**3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216**

Mailing Address

**3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	NAME	TITLE	NAME
	ED SCHIPPERS, JAY M	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3530 VICTORIA PARK ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32216		
	S TOAN, ROBERT W	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	% BAKER & MCKENZIE, 805 THIRD AVE.		
CITY-ST-ZIP	NEW YORK NY 10022		
	D GOLDSTEIN, MORT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	28 REMSEN STREET		
CITY-ST-ZIP	BROOKLYN NY 11201		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 REQUIRED

1/29/03

904-737-1031

CR2E037 (10/02)