

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003251

1. Entity Name

COMMUNITY HOUSING FUND, CORPORATION

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90003 019 \*\*\*\*70.00

Principal Place of Business	Mailing Address
100 DECKER CT SUITE 280 IRVING TX 75062	100 DECKER CT SUITE 280 IRVING TX 75062-2206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 W. AIRPORT FWY Suite, Apt. #, etc. SUITE 925, LB6099	800 W. AIRPORT FWY Suite, Apt. #, etc. SUITE 925, LB6099
City & State IRVING, TX	City & State IRVING TX
Zip 75062	Zip 75062
Country USA	Country USA

4. FEI Number	75-2443182	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
REIFSCHNEIDER, DICK 1597 SE 19TH ST POMPANO BEACH FL 33062

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 signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HILDENBRAND, BARBARA 100 DECKER CT, SUITE 280 IRVING TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMBOL, ROBERT 4300 LEMMON AVE DALLAS TX 75219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, ANITA 2995 LBJ, SUITE 106 DALLAS TX 75234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 W. AIRPORT FWY, SUITE 925 IRVING TX, 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] HILDENBRAND, BARBARA 3-3-00 972-650-1780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (9/99)