

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 08:00 AM
Secretary of State

DOCUMENT # **F95000003634**

1. Entity Name

NUROCK HOUSING FOUNDATION I, INC.

Principal Place of Business

5920 ROSWELL RD., #B-107, 184

ATLANTA
30328

GA

Mailing Address

5920 ROSWELL RD., #B-107, 184

ATLANTA
30328

GA

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

58-2187762

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE., #1100

ORLANDO
32801

FL

US

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.)

09/12/2000

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

TITLE D ☐ Delete
NAME CURLEY, ANNE
STREET ADDRESS 2000 BOULDERCREST RD.
CITY-ST-ZIP ATLANTA GA 30316

TITLE D ☐ Delete
NAME HOSKINS ROBERT G
STREET ADDRESS 5929 ROSWELL RD., #B-107, 184
CITY-ST-ZIP ATLANTA GA 30328

TITLE D ☐ Delete
NAME HOSKINS ROBERT G
STREET ADDRESS 5920 ROSWELL RD., #B-107, 184
CITY-ST-ZIP ATLANTA GA 30328

TITLE VT ☐ Delete
NAME HOSKINS SANDRA
STREET ADDRESS 4148 WESTCHESTER DR.
CITY-ST-ZIP ROSWELL GA 30075

TITLE PS ☐ Delete
NAME HOSKINS ROBERT
STREET ADDRESS 4148 WESTCHESTER DR.
CITY-ST-ZIP ROSWELL GA 30075

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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.