

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 31, 2001 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 GA 30328Mailing Address
5920 ROSWELL RD., #B-107, 184
ATLANTA GA 30328

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE., #1100
ORLANDO FL 32801 USName
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 **ROBERT HOSKINS****03/31/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CURLEY, ANNE	2000 BOULDERCREST RD.	ATLANTA GA 30316	<input type="checkbox"/>
D	HOSKINS ROBERT G	5929 ROSWELL RD., #B-107, 184	ATLANTA GA 30328	<input type="checkbox"/>
D	HOSKINS ROBERT G	5920 ROSWELL RD., #B-107, 184	ATLANTA GA 30328	<input type="checkbox"/>
VT	HOSKINS SANDRA	4148 WESTCHESTER DR.	ROSWELL GA 30075	<input type="checkbox"/>
PS	HOSKINS ROBERT	4148 WESTCHESTER DR.	ROSWELL GA 30075	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Hoskins

Mgr 03/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)