

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000002349**

1. Entity Name

HOUSING RESOURCE CENTER, INC.

Principal Place of Business

**3098 PIEDMONT RD., #330
ATLANTA GA 30305**

Mailing Address

**PO BOX 53274
ATLANTA GA 30355**

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

58-2137444

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

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 \$61.259. 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 **DCP** ☐ Delete
NAME **PATRICIO, ALAN B**
STREET ADDRESS **1860 FLAGLER AVE.**
CITY-ST-ZIP **ATLANTA GA 30309**TITLE **D/S/T** ☐ Change ☒ Addition
NAME **Samuel F. Hatcher**
STREET ADDRESS **1355 Peachtree St. Suite 1900**
CITY-ST-ZIP **Atlanta, GA 30309**TITLE **DV** ☐ Delete
NAME **MCDONALD, SUSAN C**
STREET ADDRESS **1301 RIVERPLACE BLVD #1500**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☒ Delete
NAME **MCIVER, DIANA**
STREET ADDRESS **5100 BEE CAVES RD.**
CITY-ST-ZIP **AUSTIN TX 78746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EDWARDS, GARY**
STREET ADDRESS **2430 11TH AVE., N.**
CITY-ST-ZIP **BIRMINGHAM AL 35234**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ED** ☐ Delete
NAME **CONE, ANN**
STREET ADDRESS **PO BOX 53274**
CITY-ST-ZIP **ATLANTA GA 30355**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

404-816-9770

Daytime Phone #

359093

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)