

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000002194**1. Entity Name
NUROCK HOUSING FOUNDATION, INC.

Principal Place of Business

5920 ROSEWELL RD, STE B107-184

ATLANTA
30328

GA

Mailing Address

5920 ROSEWELL RD, STE B107-184

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

B&C CORPORATE SERVICES OF CENTRAL FLORIDA

Street Address (P.O. Box Number is Not Acceptable)

390 N. ORANGE AVENUE

1100

City
ORLANDO

FL

Zip Code
32801

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RADKE MARTY	
STREET ADDRESS	5920 ROSEWELL RD, STE B107-184	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSKINS ROBERT G	
STREET ADDRESS	5920 ROSEWELL RD, STE B107-184	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORLEY ANNE	
STREET ADDRESS	5920 ROSEWELL RD, STE B107-184	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HOSKINS SANDY	
STREET ADDRESS	5920 ROSEWELL RD, STE B107-184	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HOSKINS ROBERT G	
STREET ADDRESS	5920 ROSEWELL RD, STE B107-184	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (11/00)