

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006103

1. Entity Name

RHA/AFFORDABLE HOUSING III, INC.

Principal Place of Business

3060 PEACHTREE RD NW
STE-1150
ATLANTA GA 30305

Mailing Address

3060 PEACHTREE RD NW
STE-1150
ATLANTA GA 30305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

1/8/01

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	P	<input type="checkbox"/> Delete
NAME	COATS, BRYANT G	
STREET ADDRESS	3060 PEACHTREE RD, NE STE 1150	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMMONS, GORDON	
STREET ADDRESS	3060 PEACHTREE RD, NE STE 1150	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORTHCUTT III, CHARLES W	
STREET ADDRESS	3060 PEACHTREE RD, NE STE 1150	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEST, JOHN	
STREET ADDRESS	3060 PEACHTREE RD, NE STE 1150	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COATS JR, ROBERT B	
STREET ADDRESS	311 DAWN BROOK DR.	
CITY-ST-ZIP	FLAT ROCK NC	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90050 026 ***150.00

000120



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2440916**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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