

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000589

1. Entity Name

THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, IN C.

Principal Place of Business

P O BOX 38  
BRONSON FL 32626

Mailing Address

P O BOX 38  
BRONSON FL 32626

2. Principal Place of Business

4 WEST PARK AVENUE

3. Mailing Address

P.O. Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chiefland Fl.

City & State

BRONSON Fl.

Zip

32626

Country

Levy

Zip

32621-0038

Country

Levy

4. FEI Number

59-3656857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT L  
611 PINE ST  
BRONSON FL 32621-0038

7. Name and Address of New Registered Agent

Name

Robert L Williams

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

923 NE 11th Drive

City

Chiefland, Fl.

FL

Zip Code

32626

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 L Williams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	LEE, ANDREW	<input checked="" type="checkbox"/> Delete
NAME		P O BOX 636	
STREET ADDRESS		CHIEFLAND FL 32644	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, REGINALD	<input type="checkbox"/> Delete
NAME		332 SE 194TH TERR	
STREET ADDRESS		WILLISTON FL 32696	
CITY-ST-ZIP			
TITLE	D	HELLERMANN, DORIS	<input type="checkbox"/> Delete
NAME		P O BOX 117	
STREET ADDRESS		CEDAR KEY FL 32625	
CITY-ST-ZIP			
TITLE	D	BYRD, MARY	<input type="checkbox"/> Delete
NAME		5571 NW CO. RD 335	
STREET ADDRESS		CHIEFLAND FL 32626	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Robert L Williams* RECEIVED WILLIAMS

01-25-02

352-4865420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90166 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE