

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N00000000589**

1. Entity Name  
**THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, IN C.**

Principal Place of Business      Mailing Address  
**P O BOX 38**                              **P O BOX 38**  
**BRONSON FL 32626**                      **BRONSON FL 32626**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**4 WEST PARK AVENUE**              **P.O. Box 38**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**Chiefland Fl.**                              **Bronson Fl.**

4. FEI Number      Applied For  
**59-3656857**                               Not Applicable

Zip      Country                      Zip      Country  
**32626**      **Levy**                              **32621-0038**      **Levy**

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