

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # N00000004380

1. Entity Name

HOME REHABILITATION AND DEVELOPMENT, INC.

01 OCT -5 PM 2:11

Principal Place of Business

Mailing Address

2940 GRADY ROAD  
TALLAHASSEE FL 32312

2940 GRADY ROAD  
TALLAHASSEE FL 32312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

2940 Grady Road

2940 Grady Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/13/01-90006-033 \$61.25

City & State  
Tallahassee, Florida

City & State  
Tallahassee, Florida

4. FEI Number  
59-3658426

Applied For  
Not Applicable

Zip  
32312

Country  
United States

Zip  
32312

Country  
United States

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

CROMARTIE, CLAUDETTE  
% TALLAHASSEE HOUSING AUTHORITY  
2940 GRADY ROAD  
TALLAHASSEE FL 32312

Name  
M. Miaisha Mitchell

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

2940 Grady Road

City  
Tallahassee

FL

Zip Code  
32312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the state of Florida.

SIGNATURE

*Claudette Cromartie - M. Miaisha Mitchell*

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

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Chairman  
M. Miaisha Mitchell  
2940 Grady Road  
Tallahassee, FL 32312

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
*M. Miaisha Mitchell*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Vice Chairman  
Dorothy Inman Crews  
P.O. Drawer 1775  
Tallahassee, FL 32302

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Member  
Oliver Hill, Sr.  
1700-165 Joe Louis St.  
Tallahassee, FL 32304

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Member  
Jennifer Williams  
c/o 1700-165 Joe Louis St.  
Tallahassee, FL 32304

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Member  
Terrance Fregly  
P.O. Box 3886  
Tallahassee, FL 32315

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Member  
Patti E. Ketcham  
1203 Thomasville Rd.  
Tallahassee, FL 32303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 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:

*Claudette Cromartie*

July 17, 2001

850-385-6126

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Daytime Phone #

CR28207 (5/01)