

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 012 ****61.25

DOCUMENT # N02000002616

1. Entity Name

HOUSING AMERICA, INC.



Principal Place of Business

**9799 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257**

Mailing Address

**9799 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32257**

2. Principal Place of Business

5490 Greenland Road

3. Mailing Address

5490 Greenland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number

04-3645535

Applied For

Not Applicable

Zip
32257

Country
USA

Zip
32257

Country
USA

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

**KEASLER, FRANK R JR.
4309 PABLO OAKS CT, STE 5
JACKSONVILLE FL 32224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LEGRAND, RONALD F**
STREET ADDRESS **9799 OLD ST AUGUSTINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Change ☐ Addition
NAME **LeGrand, Ronald F.**
STREET ADDRESS **5490 Greenland Road**
CITY-ST-ZIP **Jacksonville, Florida 32257**

TITLE **D** ☐ Delete
NAME **TRAER, WILLIAM III**
STREET ADDRESS **8810 GOODBYS EXECUTIVE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SESSIONS, VICKI L**
STREET ADDRESS **3001 HARTLEY RD 9861 Old St Augustine Rd**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

(904) 631-2118

SIGNATURE:

REQUIRED

4-30-03

CR2E037 (10/02)