

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 08:00 AM
Secretary of State

DOCUMENT # N26618

1. Entity Name

RHA/FLORIDA PROPERTIES, INC.

Principal Place of Business

Mailing Address

ONE BUCKHEAD PLAZA, SUITE 1150
3060 PEACHTREE ROAD, N.W.
ATLANTA
30305

GA

ONE BUCKHEAD PLAZA, SUITE 1150
3060 PEACHTREE ROAD, N.W.
ATLANTA
30305

GA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1796702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD

PLANTATION
33324

US

FL

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.)

09/12/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LOFTIN JAMES DJR.
STREET ADDRESS 410 TWITCHELL ROAD
CITY-ST-ZIP DOTHAN AL 36303

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

TITLE D ☐ Delete
NAME NORTHCUTT CHARLES WIII
STREET ADDRESS HOUSTON PAPER CO. 600 MONUMENT ST.
CITY-ST-ZIP DOTHAN AL 36303

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

TITLE D ☐ Delete
NAME WALKER WILLIAM P
STREET ADDRESS 224 QUAIL LANE LAKE MARTIN
CITY-ST-ZIP DADEVILLE AL 368539328

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

TITLE CD ☐ Delete
NAME COATS ROBERT B
STREET ADDRESS 311 DAWN BROOK DRIVE
CITY-ST-ZIP FLAT ROCK NC 28731

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

TITLE D ☐ Delete
NAME OAKES HOWARD
STREET ADDRESS 1932 N. DRUID HILLS ROADS, N.E., STE 200
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE PDCE ☐ Delete
NAME COATS BRYANT
STREET ADDRESS ONE BUCKHEAD PLAZA, STE 1150, 3060 PEACHTREE
CITY-ST-ZIP ATLANTA GA 30305

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.