

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26618

1. Entity Name

RHA/FLORIDA PROPERTIES, INC.

Principal Place of Business

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

Mailing Address

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

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

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 FL 33324

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)

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

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

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

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

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

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

TITLE
NAME D
STREET ADDRESS WALKER, WILLIAM P
CITY-ST-ZIP 224 QUAIL LANE LAKE MARTIN
DADEVILLE AL 36853-9328 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS NORTH CUTT, CHARLES W III
CITY-ST-ZIP HOUSTON PAPER CO. 600 MONUMENT ST.
DOTHAN AL 36303 ☐ Delete

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90049 041 *****61.25

320404



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)