

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91410 001 ****61.25

0004130

DOCUMENT # N44524

1. Entity Name

KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

**4012 ORTEGA FOREST DR
JACKSONVILLE FL 32210**

Mailing Address

**4012 ORTEGA FOREST DR
JACKSONVILLE FL 32210**

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 **59-3078421**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, STEVEN R
4012 ORTEGA FOREST DR
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

Friedman, H. Daniel

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

8265 Colee Cove Branch Road

City

St. Augustine

FL

Zip Code

32092

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

H. Daniel Friedman

H. Daniel Friedman, Secretary / Treas. 4-25-2003

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

TITLE **STD** ☐ Delete
NAME **SMITH, STEVEN R**
STREET ADDRESS **4012 ORTEGA FOREST DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
NAME **FRIEDMAN, H. DANIEL**
STREET ADDRESS **10809 NW 31ST PLACE**
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE **PD** ☐ Delete
NAME **GROOMS, RUSSELL E JR**
STREET ADDRESS **155 BLANDING BLVD.**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ Delete
NAME **TURKNETT, ROY L**
STREET ADDRESS **6010 DUCLAY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **SWAN, DOUG**
STREET ADDRESS **2350 N. PONCE DE LEON BLVD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Smith, Steven R.**
STREET ADDRESS **4012 Ortega Forest Dr**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **STD** ☒ Change ☐ Addition
NAME **Friedman, H. Daniel**
STREET ADDRESS **8265 Colee Cove Branch Rd**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE **D** ☒ Change ☐ Addition
NAME **Grooms, Russell E Jr**
STREET ADDRESS **4194 San Juan Ave**
CITY-ST-ZIP **Jacksonville, FL 32210**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Swan, Doug**
STREET ADDRESS **7 Cross Creek Pl**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **PD** ☐ Change ☒ Addition
NAME **White, James R.**
STREET ADDRESS **1301 Riverplace Blvd, Suite 2400**
CITY-ST-ZIP **Jacksonville, FL 32207**

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:

H. Daniel Friedman

4-25-2003

(904) 940-5869

CR2E037 (10/02)