

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90109 027 \*\*\*\*70.00

**DOCUMENT # N93000005417**

1. Entity Name

**HBHCI HUD 3, INC.**



Principal Place of Business

**7809 MASSACHUSETTS AVE  
NEW PT RICHEY FL 34653  
US**

Mailing Address

**P.O. BOX 428  
NEW PORT RICHEY FL 34656-0428**

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 **59-3212745**

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

**TORRENCE, ALFRED W JR.  
6645 RIDGE RD.  
PORT RICHEY FL 34668**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CHESNUT, PHILIP H</b><br><b>4932 GLENN DR.</b><br><b>NEW PT. RICHEY FL 34652</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>HELIE, KING</b><br><b>3707 CORSAIR COURT</b><br><b>NEW PORT RICHEY FL</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST</b><br><b>DENNIS, MARIE</b><br><b>P O BOX 428</b><br><b>NEW PORT RICHEY FL 34656</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GAUTHIER, A. RUTH</b><br><b>6936 MESA VERDE ST.</b><br><b>PORT RICHEY FL</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LAPORTE, CRAIG</b><br><b>11914 OAK TRAIL WAY</b><br><b>PORT RICHEY FL 34668</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br><b>RICKUS, IRENE</b><br><b>P O BOX 428</b><br><b>NEW PORT RICHEY FL 34656</b>     | <input type="checkbox"/> Delete            |

|                                                |                                                                                                          |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARNETT, BEVERLY</b><br><b>6220 MISSOURI AVE</b><br><b>NEW PORT RICHEY FL 34653</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br><b>HELIE, KING</b><br><b>3707 CORSAIR COURT</b><br><b>NEW PORT RICHEY FL</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST</b><br><b>DENNIS, MARIE</b><br><b>7809 MASSACHUSETTS AVE</b><br><b>NEW PORT RICHEY FL 34653</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>NORRIS, DONNA</b><br><b>13288 DRYSDALE ST.</b><br><b>SPRING HILL FL 34609</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TODARO, MAUREEN</b><br><b>1740 FAIRFIELD ST.</b><br><b>HOLIDAY FL 34691</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>RICKUS, IRENE K.</b><br><b>7809 MASSACHUSETTS AVE</b><br><b>NEW PORT RICHEY FL 34653</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Irene K. Rickus* REQUIRED **IRENE K. RICKUS** 2/17/03 84-4200 (727)

CR2E037 (10/02)