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

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90109 001 ****70.00

DOCUMENT # N94000005527

1. Entity Name
HBHCI HUD 4, INC.

Principal Place of Business	Mailing Address
PO BOX 428 NEW PORT RICHEY FL 34656-0428	PO 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3299259 ☐ 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 ROAD 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	DVP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	RICKUS, IRENE	NAME	RICKUS, IRENE K.
STREET ADDRESS	PO BOX 428	STREET ADDRESS	7809 MASSACHUSETTS AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	DP ☐ Delete	TITLE	DVP ☒ Change ☐ Addition
NAME	HELIE, KING	NAME	HELIE, KING
STREET ADDRESS	3707 CORSAIR CT	STREET ADDRESS	3707 CORSAIR CT.
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	DST ☐ Delete	TITLE	DST ☒ Change ☐ Addition
NAME	DENNIS, MARIE	NAME	DENNIS, MARIE
STREET ADDRESS	PO BOX 428	STREET ADDRESS	7809 MASSACHUSETTS AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GAUTHIER, A. RUTH	NAME	NORRIS, DONNA
STREET ADDRESS	6936 MESA VERDE STREET	STREET ADDRESS	13288 DRYSDALE ST.
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	SPRING HILL
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	LAPORTE, CRAIG	NAME	TODARO, MAUREEN
STREET ADDRESS	11914 OAK TRAIL WAY	STREET ADDRESS	1740 FAIRFIELD ST
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	HOLIDAY FL. 34691
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	BARNETT, BEVERLY	NAME	BARNETT, BEVERLY
STREET ADDRESS	7327 BURNS POINT CIRCLE	STREET ADDRESS	6220 MISSOURI AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP	NEW PORT RICHEY FL 34653

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 SIGNATURE REQUIRED IRENE K. RICKUS 2/17/03 841-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E037 (10/02)