

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N95000003190****1. Entity Name**  
**THREE RIVERS HOUSING FOUNDATION, INC.****Principal Place of Business**  
1981 CAPTIAL CIRCLE NE  
STE 500  
TALLAHASSEE FL 32308 US  
**Mailing Address**  
1213 CONSERVANCY DR E  
TALLAHASSEE FL 32312 US**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
Zip Country  
**4. FEI Number**  
**59-3336405**  
**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**  
BOONE FORREST F  
1213 CONSERVANCY DR E  
TALLAHASSEE FL 32312 US  
**7. Name and Address of New Registered Agent**  
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** **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D MCCORMICK PAUL J	7400 BAYMEADOWS WAY STE 205	JACKSONVILLE FL 32256	<input type="checkbox"/>	<input type="checkbox"/>
	DTS STONE PHILIP T	1621 FIFTH STREET	NEPTUNE BEACH FL 32266	<input type="checkbox"/>	<input type="checkbox"/>
	DVP BOONE BARBARA S	1213 CONSERVANCY DR E	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
	DP BOONE FORREST F	1213 CONSERVANCY DR E	TALLAHASSEE FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** FORREST F. BOONE DP 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)