

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000099

1. Entity Name

RHA COMMUNITY HOMES, INC.

Principal Place of Business

3060 PEACHTREE RD.
1150
ATLANTA GA 30305

Mailing Address

3060 PEACHTREE RD.
1150
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

58-2287349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
COATS, BRYANT G
3060 PEACHTREE RD NW SUITE 1150
ATLANTA GA 30305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OAKES, HOWARD
1932 N DRUID HILLS RD NE SUITE 200
ATLANTA GA 30319 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADEEN, CHET H
79 HIGH ST ETON
WINDSOR BERKSHIRE SL46AF UK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORTHCUTT, CHARLES W III
305 NE ST
DOTHAN AL 36302 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90111 028 ****61.25

729923



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)