

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003265

1. Entity Name

COASTAL AFFORDABLE HOUSING, INC.

Principal Place of Business

THE NHP FOUNDATION  
1090 VERMONT AVE., N.W., SUITE 400  
WASHINGTON DC 20005

Mailing Address

THE NHP FOUNDATION  
1090 VERMONT AVE., N.W., SUITE 400  
WASHINGTON DC 20005

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

52-2040042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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  
PTD MEHRETEAB, GHEBRE S  
1090 VERMONT AVE., NW SUITE 400  
WASHINGTON DC 20005 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPSD WIEDORFER, JOSEPH P  
1090 VERMONT AVE., N.W. SUITE 400  
WASHINGTON DC 20005 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPD HOFFER, JOHN  
1090 VERMONT AVE., NW SUITE 400  
WASHINGTON DC 20005 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PTD Mehreteab, Ghebre Selassie  
1090 Vermont Avenue, N.W., Suite 400  
Washington, DC 20005 ☒ Change ☐ Addition

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

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

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

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

TITLE NAME STREET ADDRESS 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 an officer like empowered.

SIGNATURE:

*John G. Hoffer, III*

REQUIRED John G. Hoffer, III

1/12/01

(202) 789-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90073 001 \*\*\*\*20.41  
02-27-2001 90073 002 \*\*\*\*20.42  
02-27-2001 90073 003 \*\*\*\*20.42

62039



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)