

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006444

1. Entity Name

RHF FOSTER TERRACE, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90046 033 ****70.00

Principal Place of Business

Mailing Address

C/O RELIANCE HOUSING FOUNDATION, INC.
516 N.E. 13TH STREET
FORT LAUDERDALE FL 33304

C/O RELIANCE HOUSING FOUNDATION, INC.
516 N.E. 13TH STREET
FORT LAUDERDALE FL 33304-1140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

516 N.E. 13TH STREET

Suite, Apt. #, etc.

3. Mailing Address

516 N.E. 13TH STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

Country

33304

City & State

FORT LAUDERDALE, FL

Zip

Country

33304

4. FEI Number

65-0960615

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

JACKSON, ROBERT O
C/O RELIANCE HOUSING FOUNDATION, INC.
516 N.E. 13TH STREET
FORT LAUDERDALE FL 33304

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JACKSON, ROBERT O	516 N.E. 13TH STREET	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
D	JANTON, STEPHEN R	516 N.E. 13TH STREET	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
D	CAPELLE, MICHAEL	949 SAN BRUNO	SAN FRANCISCO CA 94110	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-2000 954-927-4545

CR2E037 (9/99)