

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P09003**

1. Entity Name

RURAL HOUSING SERVICES, INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90075 038 ***158.75

0433314

Principal Place of Business
**1025 VERMONT AVENUE, N.W.
SUITE 606
WASHINGTON DC 20005-3516**Mailing Address
**613 S. 12TH STREET
LEESBURG FL 34748**

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 **52-1306869**

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

**MAGALSKI, BARBARA
613 S. 12TH STREET
LEESBURG FL 34748**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOZA, MOISES**
STREET ADDRESS **1025 VERMONT AVE NW #606**
CITY-ST-ZIP **WASHINGTON DC**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **FOSTER, JOHN**
STREET ADDRESS **555 BUTTLES AVE.**
CITY-ST-ZIP **COLUMBUS OH**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LINCOLN, RICHARD**
STREET ADDRESS **111 EAST WISCONSIN AVE.**
CITY-ST-ZIP **MILWAUKEE WI 53202**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **FERNIZ, SANDRA**
STREET ADDRESS **2400 N CENTRAL, SUITE 303**
CITY-ST-ZIP **PHOENIX AZ 85004**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIS, CHARLES**
STREET ADDRESS **1300 EAST LAFAYETTE ST SUITE 606**
CITY-ST-ZIP **DETROIT MI 48207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POWERS, WILLIAM (BILL)**
STREET ADDRESS **951 6TH AVENUE**
CITY-ST-ZIP **SACRAMENTO CA 95818**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Moises Loza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moises Loza, President.

Date

1/29/01 (202)842-8600

Daytime Phone #

CR2E034 (10/00)