

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 PM 2:08

DOCUMENT # **N00000000589**

1. Entity Name

THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, IN

(LA)

Principal Place of Business

P O BOX 38
BRONSON FL 32626

Mailing Address

P O BOX 38
BRONSON FL 32626

978743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3656857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, ROBERT L
611 PINE ST
BRONSON FL 32621-0038**

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

After September 12, 2001, min. will be \$236.25

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 Delete
NAME **D LEE, ANDREW**
STREET ADDRESS **P O BOX 636**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D WILLIAMS, REGINALD**
STREET ADDRESS **332 SE 194TH TERR**
CITY-ST-ZIP **WILLISTON FL 32698**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HELLERMANN, DORIS**
STREET ADDRESS **P O BOX 117**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BYRD, MARY**
STREET ADDRESS **5571 NW CO. RD 335**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BAHAN, MILTON**
STREET ADDRESS **P O BOX 992**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SP

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:

Reginald Williams
REGINALD WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-08-01

Daytime Phone #

352
286-5420x22

CR2E037 (5/01)