

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90054 008 ****61.25

DOCUMENT # 768977

1. Entity Name

TALLAHASSEE RHF HOUSING, INC.

Principal Place of Business

Mailing Address

1433 NO ADAMS STR
 TALLAHASSEE FL 32303-5562
 US

C/O RETIRMENT HOUSING FOUNDATION
 5150 E PACIFIC COAST HWY. STE 600
 LONG BCH CA 90804-3328
 US

2. Principal Place of Business

3. Mailing Address

c/o RHF, 911 N. Studebaker Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Long Beach CA

4. FEI Number

59-2314057

Applied For

Not Applicable

Zip

Country

Zip

Country

90815-4900

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

NRAI SESRVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE FL 32301

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]*

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, LAVERNE R	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGETIC, STEPHEN J	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DONALD W	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JEAN	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTOE, LINDA	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY, STE 600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRNKA, JOHN	NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	STREET ADDRESS	911 N. Studebaker Road
CITY-ST-ZIP	LONG BEACH CA 90804-3312	CITY-ST-ZIP	Long Beach CA 90815-4900

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] **SIGNATURE REQUIRED** Linda Listoe

5/8/2000

562.257.5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)