

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90071 040 ****61.25

DOCUMENT # N00000005474

1. Entity Name

DELAND RHF HOUSING, INC.

Principal Place of Business

**526 E PARK AVENUE
TALLAHASSEE FL 32310**

Mailing Address

**526 E PARK AVENUE
TALLAHASSEE FL 32310**

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

Applied For. Not Applicable

Zip

Country

Zip
90815-4900

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32310**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph, Laverne R.	
STREET ADDRESS	911 N. Studebaker Road	
CITY-ST-ZIP	Long Beach, CA 90815-4900	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Donald W.	
STREET ADDRESS	911 N. Studebaker Road	
CITY-ST-ZIP	Long Beach, CA 90815-4900	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Listoe, Linda	
STREET ADDRESS	911 N. Studebaker Road	
CITY-ST-ZIP	Long Beach, CA 90815-4900	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Masuda, Tom S.	
STREET ADDRESS	911 N. Studebaker Road	
CITY-ST-ZIP	Long Beach, CA 90815-4900	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moore, Jean	
STREET ADDRESS	911 N. Studebaker Road	
CITY-ST-ZIP	Long Beach, CA 90815-4900	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trnka, John E.	
STREET ADDRESS	911 N. Studebaker Road	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001
Date

562.257.5100
Daytime Phone #

CR2E037 (10/00)