## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000005474 1. Entity Name DELAND RHF HOUSING, INC. Principal Place of Business Mailing Address 526 E PARK AVENUE 526 E PARK AVENUE

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

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

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2. Principal Place of Business			3. Mailing Address c/o RHF, 911 N. Studebaker Ro		er Ro	I CANNESSE ASSESSED IN	HAN <b>er</b> ang <b>er</b> ang <b>er</b> ang	EBKBE BKKER BKBCK II	IEKE GIÖL (BOL	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				NOT WRITE IN THIS	SPACE		
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City & State			City & State			4. FEI Number	,	<u> </u>	plied For. *	
Zip Country		Country	Long Beach, CA  Zip Country			ec ec			t Applicable	
Zip Country			90815~4900 US			5. Certificate of Status Desired See Required Fee Required				
	6Name	and Address of Current R	<del></del>		 	7. Name and Address	of New Registered	Agent		
NRAI SERVICES, INC.					Name  Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32310										
		•		City			FL	Zip Cod	э	
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.										
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW: 9. Election Campaign Financin					\$5.00	May Be	Make Check	Pavable to		
	FEE IS		Trust Fund Contribution	· —	Added	to Fees	Departmen		1	
	_	OFFICE OF A LIP DIED				DDITIONS/CHANGES TO	OFFICERS AND D	IDECTORS IN	10	
TITLE			11. TITLE	PD	DBITIONS/CHANGES TO	OFFICERS AND D	Change	Addition 8		
NAME			NAME	Joseph, Laverne R.						
STREET ADDRESS			STREET ADDRESS	911 N. Studebaker Road				1		
CITY-ST-ZIP				CITY-ST-ZIP	Lon	g Beach, CA	90815-4900			
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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:

SGNATURE AND TYPED OR GRUNTED NAME OF SIGNING OFFICER OR DIRECTOR

562.257.5100

Daytime Phone #