

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2000 90011 012 ****61.25

DOCUMENT # N16905

1. Entity Name
HOLLY HILL RHF HOUSING, INC.

Principal Place of Business C/O ADMINISTRATOR 900 ELEVENTH STREET HOLLY HILL FL 32117-3113 US	Mailing Address C/O RHF 5150 E PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH CA 90804-3328 US
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2. Principal Place of Business 900 LPGA Boulevard Suite, Apt. #, etc.	3. Mailing Address c/o RHF, 911 N. Studebaker Rd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Holly Hill FL	City & State Long Beach CA	4. FEI Number 59-2742497	Applied For Not Applicable
Zip 32117	Country	Zip 90815-4900	Country

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

6. Name and Address of Current Registered Agent
NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARGETIC, STEPHEN J. 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JEAN 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E. 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISTOE, LINDA 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R. 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DONALD W 5150 E. PACIFIC COAST HWY, STE. 600 LONG BEACH CA 90804-3312 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 N. Studebaker Road Long Beach CA 90815-4900
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 N. Studebaker Road 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: Linda Listoe **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Linda Listoe 5/30/2000 **Day** (562) 257-5100 **Daytime Phone #**

CR2E037 (9/99)