

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90068 015 \*\*\*\*70.00

**DOCUMENT # P38341**  
**1. Entity Name**  
**AFFORDABLE COMMUNITY HOUSING TRUST - ALPHA, INC.**

<b>Principal Place of Business</b> 2020 BRADY LN ROSEVILLE CA 95747 US	<b>Mailing Address</b> 2020 BRADY LN ROSEVILLE CA 95747 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 94-3130128	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**  
**IMPERIAL CLUB**  
**2751 N.E. 183RD ST.**  
**NORTH MIAMI BEACH FL 33160**

**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 PCD MCCLLENAGHAN, MALCOLM REV.	<input type="checkbox"/> Delete
STREET ADDRESS 2020 BRADY LANE	
CITY-ST-ZIP ROSEVILLE CA 95747	
TITLE NAME D SCHWARTZ, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS 5407 8TH AVE.	
CITY-ST-ZIP KENOSHA WI 53140	
TITLE NAME VP ROOS, RICHARD REV.	<input type="checkbox"/> Delete
STREET ADDRESS 3522 W. 55TH ST.	
CITY-ST-ZIP INDIANAPOLIS IN 46208	
TITLE NAME TD MURRAY, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 3432 CLUB HOUSE DR.	
CITY-ST-ZIP SACRAMENTO CA 95823	
TITLE NAME S HALL, HATTYE MRS.	<input type="checkbox"/> Delete
STREET ADDRESS 1009 W. 36TH STREET	
CITY-ST-ZIP INDIANAPOLIS FL 46208	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Joseph D. Murray **JOSEPH D. MURRAY** 3-14-01 (916) 786-8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (10/00)