

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90184 049 \*\*\*\*70.00

**DOCUMENT # P38341**

1. Entity Name

**AFFORDABLE COMMUNITY HOUSING TRUST - ALPHA, INC.**

Principal Place of Business

Mailing Address

2020 BRADY LN  
 ROSEVILLE CA 95747  
 US

2020 BRADY LN  
 ROSEVILLE CA 95747  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**94-3130128**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IMPERIAL CLUB**  
 2751 N.E. 183RD ST.  
 NORTH MIAMI BEACH FL 33160

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.

61.25  
 875  
 70.00

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: **PCD**  Delete  
 NAME: **MCCLLENAGHAN, MALCOLM REV.**  
 STREET ADDRESS: **2020 BRADY LANE**  
 CITY-ST-ZIP: **ROSEVILLE CA 95747**

TITLE: **D**  Change  Addition  
 NAME: **PLATT, JAY**  
 STREET ADDRESS: **111 7th ST**  
 CITY-ST-ZIP: **BELLEAIR BEACH, FL 33786**

TITLE: **D**  Delete  
 NAME: **SCHWARTZ, GEORGE**  
 STREET ADDRESS: **5407 8TH AVE.**  
 CITY-ST-ZIP: **KENOSHA WI 53140**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **VP**  Delete  
 NAME: **ROOS, RICHARD REV.**  
 STREET ADDRESS: **3522 W. 55TH ST.**  
 CITY-ST-ZIP: **INDIANAPOLIS IN 46208**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **TD**  Delete  
 NAME: **MURRAY, JOSEPH**  
 STREET ADDRESS: **3432 CLUB HOUSE DR.**  
 CITY-ST-ZIP: **SACRAMENTO CA 95823**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **S**  Delete  
 NAME: **HALL, HATTYE MRS.**  
 STREET ADDRESS: **1009 W. 36TH STREET**  
 CITY-ST-ZIP: **INDIANAPOLIS FL 46208**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: ~~**D**~~  Delete  
 NAME: ~~**PLATT, JAY**~~  
 STREET ADDRESS: ~~**111 7th ST**~~  
 CITY-ST-ZIP: ~~**BELLEAIR BEACH, FL 33786**~~

TITLE:  Change  Addition  
 NAME:   
 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: **THE REV. MALCOLM MCCLLENAGHAN**  
 SIGNATURE OF **MALCOLM MCCLLENAGHAN**

042702 916 786 8831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)