

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90033 007 \*\*\*\*70.00

**DOCUMENT # 765349**



1. Entity Name  
**HABITAT FOR HUMANITY OF LEE COUNTY, INC.**

Principal Place of Business  
**1288 N TAMiami TRl  
N FT MYERS FL 33903  
US**

Mailing Address  
**1288 N TAMiami TRl  
N FT MYERS FL 33903  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

4. FEI Number **59-2236174** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ZAGLANICZNY, BEN</b>		Name	
<b>4679 GLADIOLUS DRIVE, P.O. BOX 892</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>FORT MYERS FL 33908</b>		City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SD</b>	<input type="checkbox"/> Delete <b>PARKER, DIANA</b> STREET ADDRESS <b>PO BOX 398 1500 MONROE ST</b> CITY-ST-ZIP <b>FT MYERS FL 33902</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VCD</b>	<input type="checkbox"/> Delete <b>ADAMS, JAMES R</b> STREET ADDRESS <b>1700 MONROE ST</b> CITY-ST-ZIP <b>FORT MYERS FL 33901</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete <b>SEXTON, JIM</b> STREET ADDRESS <b>1910 VIRGINIA AVE #301 B</b> CITY-ST-ZIP <b>FT. MYERS FL 33901</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>CLARK, LARRY A.</b> STREET ADDRESS <b>12370 COCONUT CREEK COURT</b> CITY-ST-ZIP <b>FT MYERS, FL 33908</b>
TITLE <b>C</b>	<input type="checkbox"/> Delete <b>IDELSON, CHARLES K</b> STREET ADDRESS <b>12535 NEW BRITTANY BLVD BLDG 28</b> CITY-ST-ZIP <b>FT. MYERS FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>VARGO, MIKE</b> STREET ADDRESS <b>550 LIGHTHOUSE WAY</b> CITY-ST-ZIP <b>SANIBEL FL 33957</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PM</b>	<input type="checkbox"/> Delete <b>ARCHIBALD, VERNON</b> STREET ADDRESS <b>1288 N TAMiami TR</b> CITY-ST-ZIP <b>FORT MYERS FL 33903</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **4/11/03** **239 652-0434**

CR2E037 (10/02)