

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23312

1. Entity Name

HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90114 050 ****61.25

0067842

Principal Place of Business

401 DUVAL RD
WINTER HAVEN FL 33884-1517
US

Mailing Address

P.O. BOX 2857
WINTER HAVEN FL 33883-2857

00005950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2856392

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HICKS, BOB
401 DUVAL RD
WINTER HAVEN FL 33884

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNOR, J DAVIS
116 S LAKESHORE DR
LAKE WALES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCLENDON, CAROLYN
1290 S LAKE MIRROW DR
WINTER HAVEN FL 33881 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILSON, TOM
166 DARTMOUTH DRIVE
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BENNETT, JANE
121 GREENFIELD RD
WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TAYLOR, BILL
401 DUVAL RD SE
WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Gerald Roach
711 CRESTWOOD DR
WINTER HAVEN FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Terry Bucher
157 Audubon Ct SE
WINTER HAVEN FL 33884 ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)