## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N23312

## FILED Jan 22, 2001 8:00 am

1. Entity Name  HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.					Secretary of State 01-22-2001 90114 050 ****61.25					
Principal Plac	ce of Business	Mailing Address			~					
401 DUVAL RD WINTER HAVEN FL 33884-1517 US		P.C. BOX 2857 WINTER HAVEN FL 33883-2857			บบบอฮอบ					
2 Principal P	Place of Business	3. Mailing Address								
		. Naming Address				<b>  </b>	LLER BYRIN SYNS		IASI BEDIK SPOK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Numbe	59-2856392			oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Add ee Require	ditional d	
<del></del>	6. Name and Address of Curren	it Registered Agent			7. Name and	Address of New Reg				
	-	`		Name	–		-			).
HICKS, BOB 401 DUVAL RD				Street Address (P.O. Box Number is Not Acceptable)						
	HAVEN FL 33884								· ·	
			}	City			FL	Zip Cod	e	
8. The above	e named entity submits this statement	for the purpose of changing its	registere	d office or regist	ered agent, or bot	h, in the state of Florid	da.			
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE								,
			:: Registered	Agent signáture réguir	red when reinstating)		DATE			
		The art the II application.	:: Hagistereo	Agent signature requir	red when reinstating)		DATE			}
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib	Financin	 9 \$5.	.00 May Be ed to Fees		Check Partment o		!	}     
10.	FILE NOW:	9. Election Campaign Trust Fund Contrib	Financin	 9 \$5.	.00 May Be led to Fees		Check Partment o	of State		
<b>10.</b>	FILE NOW: FEE IS \$61.25  OFFICERS AND D	9. Election Campaign Trust Fund Contrib	Financin ution.	9 \$5. Add	.00 May Be ed to Fees	Depa	Check Partment of	of State		(00)
TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND D CONNOR, J DAVIS	9. Election Campaign Trust Fund Contrib	Financin ution.	\$5. Add	ADDITIONS/CHA	Deparence TO OFFICERS	Check Partment of	of State	110	(10/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25  OFFICERS AND D  CONNOR, J DAVIS 116 S LAKESHORE DR LAKE WALES FL	9. Election Campaign Trust Fund Contrib DIRECTORS	TITLE NAME STREE	ST-ZIP	ADDITIONS/CH.	Department of the control of the con	Check Partment of SAND DIRE	of State  CTORS IN Change	I 10 Addition	R2E037 (10/00)
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I hereby certify that the information supplied with this filling 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.