

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90006 026 \*\*\*\*61.25

**DOCUMENT # N33127**

1. Entity Name

**HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, IN C.**

Principal Place of Business

Mailing Address

**200 NORTH LONE OAK DR  
 LEESBURG FL 34748  
 US**

**200 N LONE OAK DR  
 LEESBURG FL 34748  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2958036**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, DEMIAN  
 1130 EAST 9TH STREET  
 MOUNT DORA FL 32757**

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

*Demian Roberts*

**Demian Roberts  
 Executive Director**

**3-29-02**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	CARLYLE, SHANNON	
STREET ADDRESS	709 MOUND AVENUE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEULNER, DONALD J	
STREET ADDRESS	3904 WESTERHAM DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLUNG, KEVIN	
STREET ADDRESS	851 SOUTH LAKE AVENUE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANE, JOHN	
STREET ADDRESS	790 ANDERSON DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JACK	
STREET ADDRESS	9006 OAKCREST CIRCLE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLING, BRIAN	
STREET ADDRESS	9009 HEATHLAND COURT	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYNER, JAMES	
STREET ADDRESS	608 SOUTH MAIN AVENUE #19	
CITY-ST-ZIP	CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ANGELA E.	
STREET ADDRESS	26934 RACQUET CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. **DONALD J. FEULNER**

SIGNATURE:

*Donald J. Feulner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-02**

Date

**352-728-2611**

Daytime Phone #

CR2E037 (9/01)