

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39341

1. Entity Name

WEST ORANGE HABITAT FOR HUMANITY, INC.

Principal Place of Business

P O BOX 38  
OAKLAND FL 34760

Mailing Address

P O BOX 38  
OAKLAND FL 34760

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 59-3046322

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

DRYDEN, JOHN T  
830 PALM COVE DRIVE  
ORLANDO FL 32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	GREEN, JESSE E	
STREET ADDRESS	803 W 2ND AVE	
CITY-ST-ZIP	WINDMERE FL 34787	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DRYDEN, JOHN T	
STREET ADDRESS	830 PALM COVE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FAIN, JACK R	
STREET ADDRESS	9842 MOHRS COVE LANE	
CITY-ST-ZIP	WINDMERE FL 34787	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PECORARO, DEBRA	
STREET ADDRESS	1421 CRESCENT LAKE DR	
CITY-ST-ZIP	WINDMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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.

SIGNATURE: SIGNATURE REQUIRED John T Dryden

04.17.02 4072962680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printing Block

CR2E037 (9/01)