

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742136

1. Entity Name

HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90098 028 ****61.25

Principal Place of Business 640 N. 9TH ST. IMMOKALEE FL 34142 US	Mailing Address PO BOX 1671 IMMOKALEE FL 34113-7906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11550 Tamiami Trail East Suite, Apt. #, etc.	3. Mailing Address 11550 Tamiami Trail East Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 59-1834379	Applied For <input type="checkbox"/> Not Applicable
Zip 34113	Country USA	Zip 34113	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHWIERS, PETER
9225 THE LANE
NAPLES FL 33942-1545

7. Name and Address of New Registered Agent

Name **Dr Samuel Durso**
 Street Address (P.O. Box Number is Not Acceptable)
891 PARTRIDGE COURT
 City **MARCO ISLAND** FL Zip Code **34145**

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 **Dr. Samuel Durso, President** DATE **3/2/00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DURSO, SAMUEL	
STREET ADDRESS	891 PARTRIDGE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALIGA, ROBERT E	
STREET ADDRESS	1120 LITTLE NECK LANE CT., E-51	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMSAY, WILLIAM	
STREET ADDRESS	161 AMBLEWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERCKMANN, ALAN	
STREET ADDRESS	577 DEVIL'S LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPER, JANET S	
STREET ADDRESS	2004 IMPERIAL GOLF COURSE BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, FRED N	
STREET ADDRESS	1800 FARMWORKERS WAY	
CITY-ST-ZIP	IMMOKALEE FL 34142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wes Blackwell	
STREET ADDRESS	870 South Collier Blvd.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS schneider	
STREET ADDRESS	704 Turkey oak drive	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE GRANDA	
STREET ADDRESS	821 Partridge Court	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **FRED N THOMAS** DATE **3/2/00** (44) 775-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)