

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0072790

DOCUMENT # 742136

1. Entity Name

HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

02-06-2001 90061 001 ***183.75

Principal Place of Business

11550 TAMiami TRAL EAST
 NAPLES FL 34113
 US

Mailing Address

11550 TAMiami TRAL EAST
 NAPLES FL 34113
 US

24856



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

59-1834379

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

DUSSO, SAMUEL DR.
891 PARTRIDGE COURT
MARCO ISLAND FL 34145

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 | 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 | VP | <input type="checkbox"/> Delete |
| NAME | BLACKWELL, WES | |
| STREET ADDRESS | 870 SOUTH COBBLER BLVD | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHNEIDER, THOMAS | |
| STREET ADDRESS | 704 TURKEY OAKLANE | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRANDA, JOSE | |
| STREET ADDRESS | 831 PASTRIDGE COURT | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |

| | | |
|----------------|--|---|
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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.

SIGNATURE: *SIGNATURE OF SAMUEL DURSO, P 1/25/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 775-0036

Daytime Phone #

CR2E037 (10/00)