

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0094966

02-04-2002 90113 049 ****61.25

DOCUMENT # 742136

1. Entity Name

HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Principal Place of Business

**11550 TAMiami TRAL EAST
 NAPLES FL 34113
 US**

Mailing Address

**11550 TAMiami TRAL EAST
 NAPLES FL 34113
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1834379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DURSO, SAMUEL DR.
 891 PARTRIDGE COURT
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

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

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 checked="" 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	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARY ANN DURSO, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	891 Partridge Court	
STREET ADDRESS	MARCO ISLAND, FL 34145	
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 an other like empowered.

SIGNATURE

SAMUEL DURSO, P

1/15/02

(941)775-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)