

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90003 038 *****61.25

DOCUMENT # N00000008569

1. Entity Name

HABITAT FOR HUMANITY OF SUWANNEE COUNTY, INCORPO

Principal Place of Business

**215 PINE AVE. SW. STE. A
 LIVE OAK FL 32060**

Mailing Address

**PO BOX 6073 7/6
 LIVE OAK FL 32064**

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

59-3728197

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

**BURNHAM, GEORGE L JR
 215 PINE AVE. SW. STE. A
 LIVE OAK FL 32060**

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
 After September 12, 2001, min. will be \$236.25**

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 **D** ☐ Delete
 NAME **MOTT, DANNY**
 STREET ADDRESS **PO DRAWER K**
 CITY-ST-ZIP **LIVE OAK FL 32064**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **POOLE, RONALD D**
 STREET ADDRESS **123 E. HOWARD ST.**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BURNHAM, GEORGE L JR**
 STREET ADDRESS **7416 65TH DR.**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DAWSON, ROBERT A**
 STREET ADDRESS **PO BOX 6073**
 CITY-ST-ZIP **LIVE OAK FL 32064**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **NEWSOME, CYNTHIA**
 STREET ADDRESS **PO BOX 105**
 CITY-ST-ZIP **JENNINGS FL 32053**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DENNISON, JASPER**
 STREET ADDRESS **1538 S. OHIO AVE.**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ 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 duly empowered.

SIGNATURE:

George L Burnham Jr

9-7-01

386-364-3430

CR2E037 (5/01)