

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90961 048 ****61.25

DOCUMENT # N01000008499

1. Entity Name

HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, IN C.



Principal Place of Business

**5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

Mailing Address

**5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

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 **59-3755589**

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

**HITCHCOCK, DONALD R
5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

Name

Gary Amster

Street Address (P.O. Box Number is Not Acceptable)

5514 Land O' Lakes Blvd

City

Land O' Lakes

FL

Zip Code

34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

P/C Gary E. Amster
(NOTE: Registered Agent signature required when reinstating)

4-10-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEILKOP, CHARLES M 1228 DOCKSIDE DR LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLNAR, LOUIS G 3712 LAKE JOYCE DR LAND O LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, CHARLIE 19907 READING RD LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, JIM 9620 TURF DR LAND O LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HITCHCOCK, DON 1222 PRISTINE PLACE LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMSLER, GARY 22821 ST THOMAS LUTZ FL 33549	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

P/C
Amster, Gary
22821 St. Thomas Circle
Lutz, FL 33549

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 E. Amster** **4-10-03**

CR2E037 (10/02)