2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90050 040 ****61.25

DOCUMENT # N07086

1. Entity Name

PINELLAS HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 16101~~ 301-37th Ave. N. ST PETERSBURG FL 33733 33704 US	P.O. BOX 16101 7989 ST PETERSBURG FL 33734-7989 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301-37th Ave, N.	PO Box 7989
Suite, Apt. #, etc. 2nd Fl	Suite, Apt. #, etc.
City & State St. Petersburg	City & State
Zip 33704 Country USA	Zip Country

4. FEI Number 59-2507116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIEBNER, RICHARD
1611 IDLE DRIVE
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name Cory Adler
Street Address (P.O. Box Number is Not Acceptable) 301-37th Ave. N.
2nd Fl
City St. Petersburg FL Zip Code 33704

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 Cory Adler 2/2/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D REARDON, ROBIN 214 GRACE STREET CRYSTAL BEACH FL 34681	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Jahr, Nancy 4729 Pebble Brook Dr Oldsmar, FL 34677-4848	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STADLER, JUDITH 619 33RD AVENUE NORTH ST. PETERSBURG FL 33704	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Comeau, Donald 831 Maple Court, #308 Dunedin, FL 34698-6708	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUNGARD, NORM 5400 PARK ST. N. #7 ST PETERSBURG FL 33709	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Klinge, Mary Kay 1902 Sandpiper Dr. Clearwater, FL 33764-6616	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RHODE, TIMOTHY 116 8TH AVENUE NE ST PETERSBURG FL 33701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M/D Adler, Cory 301-37th Ave, N St. Petersburg FL 33704	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O M GIEBNER, RICHARD 1611 IDLE DR CLEARWATER FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GRIFFITH, TONY 245 SHORE DRIVE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D	☑ Change ☐ Addition

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: Donald J. Comeau TREASURER Treasurer 2/2/00 727-894-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #