

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90034 030 ****61.25

DOCUMENT # N07086

1. Entity Name

PINELLAS HABITAT FOR HUMANITY, INC.



Principal Place of Business

301-37TH AVE N
 2ND FL
 SAINT PETERSBURG FL 33704
 US

Mailing Address

PO BOX 7989
 ST PETERSBURG FL 33733
 US

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 **59-2507116**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADLER, CORY
GIEBNER, RICHARD
 301-37TH AVE N
 2ND FL
 SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name **Cory Adler**
 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]** **Executive Director**
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JAHR, NANCY 4729 PEBBLE BROOK DR OLDSMAR FL 34677-4848	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMEAU, DONALD 831 MAPLE CT. # 308 DUNEDIN FL 34698-6708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINGE, MARY KAY 1902 SANDPIPER DR CLEARWATER FL 33764-6616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ADLER, CORY 301-37TH AVE N SAINT PETERSBURG FL 33704	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFITH, TONY 245 SHORE DRIVE PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Merady 19201 Vista Lane HD9 Indian Shores, FL 33785	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Scott Wilson 12895 Pineforest Way W. Largo, FL 33773	☐ 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: **SIGNATURE REQUIRED**

9/17/01 727-894-1522

CR2E037 (5/01)