

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90082 021 \*\*\*\*61.25

**DOCUMENT # N07657**

1. Entity Name

**HABITAT FOR HUMANITY SARASOTA, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 43352~~  
SARASOTA FL 34230

~~P.O. BOX 43352~~  
SARASOTA FL 34230

**LU011230**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2067 CONSTITUTION**

**2067 CONSTITUTION BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL 8**

4. FEI Number

**59-2495597**

Applied For

Not Applicable

Zip

**34231**

Country

**42**

Zip

**34231**

Country

**42**

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

**SCHAUB III, JOHN W.**

~~1938 RINGLING BLVD.~~

~~SARASOTA FL 34230~~

Name

**JOHN SCHAUB**

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

**2067 CONSTITUTION BLVD**

**SA**

City

**SARASOTA**

**FL**

Zip Code  
**34231**

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

**JOHN W. SCHAUB III**

**1/8/01**

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 **VD** ☐ Delete  
NAME **SCHAUB, JOHN W III**  
STREET ADDRESS **1938 RINGLING BLVD**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VPD** ☐ Delete  
NAME **BOEDECKER, JUD**  
STREET ADDRESS **1606 NORTH DR**  
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **VD** ☒ Delete  
NAME **MILLER, CHUCK**  
STREET ADDRESS **4134 CENTRAL SARASOTA PKWY APT. 1723**  
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **PD** ☐ Delete  
NAME **SWARTZ, LISA H**  
STREET ADDRESS **4745 MAID MARIAN LN**  
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **SD** ☐ Delete  
NAME **DERR, WAYNE**  
STREET ADDRESS **623 DUNDEE LANE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

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

TITLE **TD** ☐ Delete  
NAME **MONAHAN, MICHAEL**  
STREET ADDRESS **3628 TORREY PINES BLVD**  
CITY-ST-ZIP **SARASOTA FL 34238**

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 like empowered.

SIGNATURE:

**SIGNATURE OF JOHN W. SCHAUB III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/08/01 941-923-4300**  
Date Daytime Phone #

CR2E037 (10/00)