

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90254 043 ****61.25

DOCUMENT # N07657

1. Entity Name

HABITAT FOR HUMANITY SARASOTA, INC.

Principal Place of Business

Mailing Address

**2067 CONSTITUTION BLVD.
SARASOTA FL 34231**

**2067 CONSTITUTION BLVD.
SARASOTA FL 34231**

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

59-2495597

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

Name

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

City

FL

Zip Code

**SCHAUB III, JOHN W.
2067 CONSTITUTION BLVD.
SARASOTA FL 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

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **REV. PAUL BINDER**
STREET ADDRESS **2249 FLORINDA ST.**
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **CHERYL RHODES**
STREET ADDRESS **1605 MAIN ST.#1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VD** ☒ Delete
NAME **MILLER, CHUCK**
STREET ADDRESS **4272 PRAIRIE VIEW DR N**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VP** ☐ Change ☒ Addition
NAME **LOIS SAMUEL**
STREET ADDRESS **3608 BONAVENTURE CT**
CITY-ST-ZIP **SARASOTA FL 34243**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

(941)366-2983

CR2E037 (9/01)