

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

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

04-28-2003 91417 036 ****61.25

DOCUMENT # N07657

1. Entity Name

HABITAT FOR HUMANITY SARASOTA, INC.



Principal Place of Business

**2067 CONSTITUTION BLVD.
SARASOTA FL 34231**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAUB III, JOHN W.
2067 CONSTITUTION BLVD.
SARASOTA FL 34231**

Name

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAUB, JOHN W III	
STREET ADDRESS	1938 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOEDECKER, JUD	
STREET ADDRESS	1606 NORTH DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	P	<input type="checkbox"/> Delete
NAME	BINDER, PAUL	
STREET ADDRESS	2249 FLORINDA ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RHODES, CHERYL	
STREET ADDRESS	1605 MAIN ST #1100	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DERR, WAYNE	
STREET ADDRESS	623 DUNDEE LANE	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOIS, SAMUEK	
STREET ADDRESS	3608 BONAVENTURE CT	
CITY-ST-ZIP	SARASOTA FL 34243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gates, Mary Ann	
STREET ADDRESS	5069 Timber Chase Way	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6526 - 68th Street	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, LOIS	
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:

Mary Ann Gates

Mary Ann Gates

4-18-03

941-923-4300

CR2E037 (10/02)