2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90013 037 ****61.25

DOCUMENT # N14993

1. Entity Name

HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, IN

Principal Place of Business	Mailing Address
808 WEST CENTRAL BOULEVARD ORLANDO FL 32805 US	808 WEST CENTRAL BOULEVARD ORLANDO FL 32805-1809 US

DO NOT WRITE IN THIS SPACE

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 59-2789167 ☐ 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
JEPSON, CHRIS 808 WEST CENTRAL BOULEVARD ORLANDO FL 32805	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.

SIGNATURE: _____ 2-15-2000

Signature, type 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	VPD LARKIN, WILLIAM 3105 GOLDEN VIEW LN ORLANDO FL 30812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Larkin, William 3105 Golden View Ln. Orlando FL 30812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, SCOTT 8008 S. ORANGE AVE. ORLANDO FL 32730	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. Taubensee, Cheryl 2600 Lk Grassmere Cir. Zellwood FL 32798	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, LYNNE 201 E PINE ST., STE 801 ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. Pharr, Walter 1220 Edgewater Dr #5 Orlando FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV WASHBURN, JULIE 2300 LAUDERDALE CT ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JESSEN, PAUL 470 KILLARNEY BAY CT WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCNUTT, IRENE 2812 PAIN LANE ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 2/16/00 407-648-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #