

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90019 035 ****70.00

DOCUMENT # N14993

1. Entity Name

HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, IN C.

Principal Place of Business

Mailing Address

808 WEST CENTRAL BOULEVARD
 ORLANDO FL 32805
 US

808 WEST CENTRAL BOULEVARD
 ORLANDO FL 32805
 US

2. Principal Place of Business

1925 Traylor Blvd.

3. Mailing Address

1925 Traylor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2789167

Applied For

Not Applicable

Zip

Country

32804

US

Zip

Country

32804

US

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

DAVIS, LARRY
 808 WEST CENTRAL BOULEVARD
 ORLANDO FL 32805

Name

Larry Davis

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

1925 Traylor Blvd

City

Orlando

FL

Zip Code

32804

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 VP	☐ Delete
NAME MURRAY, MICHAEL	
STREET ADDRESS 4019 CONWAY CIRCLE	
CITY-ST-ZIP ORLANDO FL 30812	
TITLE PD	☐ Delete
NAME TAUBENSEE, CHERYL	
STREET ADDRESS 2600 LK. GRASSMERE CIR	
CITY-ST-ZIP ZELLWOOD FL 32798	
TITLE VD	☒ Delete
NAME PHARR, WALTER	
STREET ADDRESS 1220 EDGEWATER DR 5	
CITY-ST-ZIP ORLANDO FL	
TITLE SDV	☐ Delete
NAME WASHBURN, JULIE	
STREET ADDRESS 2300 LAUDERDALE CT	
CITY-ST-ZIP ORLANDO FL	
TITLE TD	☐ Delete
NAME MCNUTT, IRENE	
STREET ADDRESS 2812 PAIN LANE	
CITY-ST-ZIP ORLANDO FL 32826	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE V.P.	☐ Change ☒ Addition
NAME Larry W. Davis	
STREET ADDRESS 1925 Traylor Blvd.	
CITY-ST-ZIP Orlando FL 32804	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

CR2E037 (9/01)

0012803