

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90017 016 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N19679**

1. Entity Name

HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLOR

*(Handwritten mark)*

Principal Place of Business

Mailing Address

504 E PARIS ST  
TAMPA FL 33604  
US

504 E PARIS ST  
TAMPA FL 33604  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2850410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRAZAR, P. LEWIS  
504 E PARIS ST  
TAMPA FL 33604

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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	CD	<input type="checkbox"/> Delete
NAME	HAEDIKE, ART	
STREET ADDRESS	4827 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GIVSON, ROGER	
STREET ADDRESS	1011 HALLWOOD DOG	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, SHERYL	
STREET ADDRESS	307-A COMO	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEBBARD, GEORGE	
STREET ADDRESS	PO BOX 236	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZAR, P. LEWIS	
STREET ADDRESS	1014 E. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVSON, ROGER	
STREET ADDRESS	V. CNAR MAN	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE WARREN	
STREET ADDRESS	4003 S. WESTSHORES BLD	
CITY-ST-ZIP	TAMPA FL 33611	
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		

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:

*(Handwritten Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-239-2242

CR2E037 (10/00)