

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90211 043 \*\*\*\*61.25

**DOCUMENT # N19679**

1. Entity Name

**HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA, INC.**

Principal Place of Business 504 E PARIS ST TAMPA FL 33604 US	Mailing Address 504 E PARIS ST TAMPA FL 33604 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2850410</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FRAZAR, P. LEWIS**  
 1014 E HENRY AVE  
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name: **ELIZABETH FIELDS**  
 Street Address (P.O. Box Number is Not Acceptable): **504 E. PARIS STREET**  
 City: **TAMPA** FL Zip Code: **33604**

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: *Elizabeth Fields* DATE: 1/17/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	CD HAEDIKE, ART	<input type="checkbox"/> Delete
STREET ADDRESS	4827 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	VC GIBSON, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	1011 HALLWOOD DOG	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	T HEBBARD, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 236	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE NAME	D FRAZAR, P. LEWIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1014 E. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME	SD WARREN, JULIE	<input type="checkbox"/> Delete
STREET ADDRESS	4003 S. WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* DATE: 1/17/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)