# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 12, 2000 8:00 am**
**Secretary of State**
08-25-2000 90007 037 ****61.25

DOCUMENT # N25616

1. Entity Name

HABITAT FOR HUMANITY OF JACKSONVILLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2404 HUBBARD STREET<br>JACKSONVILLE FL 32206<br>US | 2404 HUBBARD STREET<br>JACKSONVILLE FL 32206<br>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 59-2880071 ☐ 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 |
|---|---|
| BARKER, FRANK<br>47 W. 9TH STREET<br>JACKSONVILLE FL 32206 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 13, 2000 min. will be $236.25**

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 | TD<br>PARSONS, HARRY<br>3781 PLANTERS CREEK CIRCLE EAST<br>JACKSONVILLE FL 32224 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TREASURER<br>JOHN SURFACE<br>1650 PRUDENTIAL DR. STE 400<br>JACKSONVILLE FL 32207 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NICOLSON, BETTY<br>11624 WELLINGTON WAY<br>JACKSONVILLE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SECRETARY<br>CAROL BRADDOCK<br>1735 MEMORIAL PARK DRIVE<br>JACKSONVILLE FL 32207 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>TREMONTI, LARRY<br>3727 CATHEDRAL OAKS NORTH<br>JACKSONVILLE FL 32217 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PRESIDENT~~ | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MD<br>BARKER, FRANK<br>47 W. 9TH ST.<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EXECUTIVE DIRECTOR | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>D.<br>HICKS, DAVID<br>2404 HUBBARD ST<br>JACKSONVILLE FL 32206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~PRESIDENT~~<br>PRESIDENT | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>J. RANDALL EVANS<br>1894 EDGEWOOD AVE. S.<br>JACKSONVILLE FL 32205<br>VICE - PRESIDENT | ☐ Change ☒ Addition |

CR2E037 (5/00)

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 #