

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25616

1. Entity Name

HABITAT FOR HUMANITY OF JACKSONVILLE, INC.

Principal Place of Business

2404 HUBBARD STREET  
JACKSONVILLE FL 32206  
US

Mailing Address

2404 HUBBARD STREET  
JACKSONVILLE FL 32206  
US

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  
47 W. 9TH STREET  
JACKSONVILLE FL 32206

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.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARSONS, HARRY 3781 PLANTERS CREEK CIRCLE EAST JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICOLSON, BETTY 11624 WELLINGTON WAY JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMONTI, LARRY 3727 CATHEDRAL OAKS NORTH JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BARKER, FRANK 47 W. 9TH ST. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, DAVID 2404 HUBBARD ST JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D J. Randall Evans 500 Water Treet J120 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Fred Vanderbilt 200 Executive Way Ste. 106 Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D John Surface 8100 Nations Way Jacksonville, FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Carol Braddock 1725 Memorial Park Drive Jaonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 reports 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

Frank Barker

4/19/01

904-632-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0010959

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90144 024 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE