

2000 UNIFORM BUSINESS REPORT (UBR) 2.

DOCUMENT # N35827

1. Entity Name

HABITAT FOR HUMANITY OF GREATER OCALA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

02-05-2000 90030 037 ****61.25

Principal Place of Business

Mailing Address

1126 E. SILVER SPRINGS
OCALA FL 34471
US

P.O. BOX 5578
OCALA FL 34478-5578
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2992077

Applied For

Not Applied For

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

SCRIBNER, MARY
307 NE 36TH AVE
OCALA FL 34470

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 use 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
NAME VPD
STREET ADDRESS STOCK, STEVEN
CITY-ST-ZIP 7 EAST SILVER SPRINGS BLVD.
OCALA FL 34470 ☒ Delete

TITLE
NAME ☒ President
STREET ADDRESS Jim McCune
CITY-ST-ZIP 1230 SE 12 ST
Ocala, FL 34471 ☐ Change ☒ Addition

TITLE
NAME P
STREET ADDRESS PATILLO, MARY ALICE
CITY-ST-ZIP 2241 SE 13 ST
OCALA FL ☒ Delete

TITLE
NAME ☒ Vice President
STREET ADDRESS Russ Walker
CITY-ST-ZIP 5280 S.E. 15th CT.
Ocala, FL 34480 ☐ Change ☒ Addition

TITLE
NAME ☒ S
STREET ADDRESS MCBRIDE, ROBIN
CITY-ST-ZIP P.O. BOX 5894
OCALO FL 34478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☒ TD
STREET ADDRESS SCRIBNER, MARY
CITY-ST-ZIP 307 NE 36TH AVE
OCALA FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

352-694-4184

Date

Daytime Phone