

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90148 029 ****61.25

DOCUMENT # N35827

1. Entity Name

HABITAT FOR HUMANITY OF GREATER OCALA, INC.

Principal Place of Business

1126 E. SILVER SPRINGS
 OCALA FL 34471
 US

Mailing Address

P.O. BOX 5578
 OCALA FL 34478
 US

712521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 SE 17th St

3. Mailing Address

Above

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

USA

Zip

Country

4. FEI Number

59-2992077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCRIBNER, MARY
 307 NE 36TH AVE
 OCALA FL 34470

7. Name and Address of New Registered Agent

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 DP ☐ Delete
 NAME MCCANE, JIM
 STREET ADDRESS 1230 SE 12 ST
 CITY-ST-ZIP OCALA FL 34471

TITLE VD ☐ Delete
 NAME WALKER, RUSS
 STREET ADDRESS 5280 SE 15TH CT
 CITY-ST-ZIP OCALA FL 34480

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Signature Sealed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

(352) 351-4603

Date

Daytime Phone #

CR2E037 (10/00)