

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**  
 03-05-2002 90103 027 \*\*\*\*\*61.25

**DOCUMENT # N35827**

1. Entity Name

**HABITAT FOR HUMANITY OF GREATER OCALA, INC.**

Principal Place of Business

Mailing Address

22100 SE 17TH ST  
 SUITE 202  
 OCALA FL 34471  
 US

P.O. BOX 5578  
 OCALA FL 34478  
 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

**59-2992077**

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

**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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **McCune, Jim**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1720 SE 11th St**  
 CITY-ST-ZIP **OCALA FL 34471**

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED** **WALTER O. HENONIX** 2/21/02 352-351-4663  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EXEC. DIRECTOR** Date Daytime Phone #

CR2E037 (9/01)