

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N39488**1. Entity Name
HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.Principal Place of Business
6761 CR 149
WILDWOOD FL 34785
Mailing Address
PO BOX 445
WILDWOOD FL 34785 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3025224Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**BUGBEE ALBERTA
803 CAROL ST.
WILDWOOD FL 34785**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 _____ 06/12/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	<input type="checkbox"/> Delete
	TD	SWINGER HOWARD L	3 LAZY HOLLOW WILDWOOD FL 34785	<input type="checkbox"/> Delete
	SD	RISTEYN FRANK SR.	4764 C RD. 151, LOT #13 WILDWOOD FL 34785	<input type="checkbox"/> Delete
	VD	BUGBEE RAYMOND R	803 CAROL ST. WILDWOOD FL 34785	<input type="checkbox"/> Delete
	PD	BUGBEE ALBERTA	803 CAROL ST. WILDWOOD FL 34785	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MACDONALD AMY	7360 EC 48 CENTER HILL FL 33514				
	SD	VAUGHN BECKY	3155 WC 48 WILDWOOD FL 34785		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	VD	KIRKLAND EARLENE	P.O. BX 1064 WILDWOOD FL 34785		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	DAVIS WM. T	447 EMORY LANE CENTER HILL FL 33514		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	EX.	BUGBEE ALBERTA	803 CAROL ST. WILDWOOD FL 34785		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input 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)(f), 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: Alberta F. Bugbee

ED

06/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)