

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2000 8:00 am
Secretary of State

04-18-2000 90232 025 ****61.25

DOCUMENT # N40696

1. Entity Name

HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA

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| Principal Place of Business 2921 S ORLANDO DR #230 SANFORD FL 32773 US | Mailing Address 2921 S ORLANDO DR #230 SANFORD FL 32773-4104 US |
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DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|--|
| 2. Principal Place of Business 2910 S Orlando Drive Suite, Apt. #, etc. | 3. Mailing Address 2910 S Orlando Drive Suite, Apt. #, etc. | 4. FEI Number 59-3034059 | Applied For <input type="checkbox"/> Not Applicable |
| City & State Sanford, Fl | City & State Sanford, Fl | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32773 | Country Seminole | Zip 32773 | Country Seminole |

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| 6. Name and Address of Current Registered Agent BANDY, SHIRLEY 909 SPRING VALLEY ALTAMONTE SPRINGS FL 32714 | 7. Name and Address of New Registered Agent Name Bob Saunders Street Address (P.O. Box Number is Not Acceptable) 1010 Lingo Circle City Oviedo FL Zip Code 32765 |
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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: *Bob Saunders* Bob Saunders DATE: 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD | <input type="checkbox"/> Delete BANDY, SHIRLEY 909 SPRING VALLEY ALTAMONTE SPRINGS FL 32714 | TITLE Past President D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD | <input type="checkbox"/> Delete STEIN, JEFFREY 1315 TUSKAWILLA ROAD #105 WINTER SPRINGS FL 32708 | TITLE Director at large D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VO | <input checked="" type="checkbox"/> Delete FOREMAN, DOUGLAS 1116 EASTIN AVE ORLANDO FL 32804 | TITLE Vice President VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE TD | <input checked="" type="checkbox"/> Delete BAKUN, MAREK 250 N ORANGE AVE. # 500 ORLANDO FL 32801 | TITLE President PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VD | <input checked="" type="checkbox"/> Delete CRAMPTON, SUSAN 569 SILVERGATE LOOP LAKE MARY FL 32746 | TITLE Saunders, Bob | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | <input type="checkbox"/> Delete ST. CLAIR, EZRA 3238 HUNTER COURT DE LAND FL 32720 | TITLE Secretary SD | <input checked="" 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)(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: *Bob Saunders* Bob Saunders DATE: 4-11-00 (407)-328-9717
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR# 037 (9/99)