

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41383

1. Entity Name

HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90009 045 ****61.25

Principal Place of Business

Mailing Address

716 OCEAN BLVD
ATLANTIC BCH. FL 32233
US

P. O. BOX 50939
JACKSONVILLE BCH. FL 32240-0939
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0234544

Applied For

Not Applicable

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

MONTGOMERY, BEVERLY
2200 OCEAN DR. SOUTH 5D
JACKSONVILLE BEACH FL 32250

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

Beverly B. Montgomery

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 VPD ☒ Delete
NAME O'NEILL, MARGARET
STREET ADDRESS 207 MYRTLE ST
CITY-ST-ZIP NEPTUNE BEACH FL 32266

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

TITLE TD ☐ Delete
NAME MONTGOMERY, BEVERLY
STREET ADDRESS 2200 OCEAN DRIVE SOUTH 5D
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE PD ☒ Delete
NAME TRUNZO, DAVE
STREET ADDRESS 382 MAGNOLIA ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE PD ☐ Change ☒ Addition
NAME Heywood Ball
STREET ADDRESS 240 5th St
CITY-ST-ZIP Atlantic Beach FL 32233

TITLE SD ☒ Delete
NAME SANTARONE, ANN
STREET ADDRESS 483 SELVA LAKES CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE SD ☐ Change ☒ Addition
NAME Carolyn Lane
STREET ADDRESS 112 South Bend Dr.
CITY-ST-ZIP Ponte Vedra Beach FL 32082

TITLE VPD ☒ Delete
NAME FINLEY, PAUL
STREET ADDRESS 672 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VPD ☐ Change ☒ Addition
NAME Joyce Freeman
STREET ADDRESS 334 Skate Rd.
CITY-ST-ZIP Atlantic Beach FL 32233

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: *Beverly B. Montgomery* **REGISTERED** Treasurer 1/31/00 904-244-4621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #