

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41606

1. Entity Name

GADSDEN COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business

Mailing Address

CITY HALL
QUINCY FL 32351
US

PO BOX 1358
QUINCY FL 32353-1358

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

59-3035198

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOWE, JACK
28 SAWANO DR.
QUINCY FL 32351

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
NAME DS
STREET ADDRESS FURLOW, JESSIE
CITY-ST-ZIP RT. 6 BOX 4204
QUINCY FL

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

TITLE
NAME DP
STREET ADDRESS HOWE, JACK
CITY-ST-ZIP RR 2, BOX 190-CL
QUINCY FL 32351

TITLE
NAME DP
STREET ADDRESS HINSON, WILSON
CITY-ST-ZIP 331 N 14TH ST QUINCY, FL 32351 ☒ Change ☐ Addition

TITLE
NAME DV
STREET ADDRESS HOLT, CHARLESTON
CITY-ST-ZIP 656 S 11TH ST
QUINCY FL 32351

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

TITLE
NAME D
STREET ADDRESS KELLEHER, WALTER
CITY-ST-ZIP 214 N JACKSON ST.
QUINCY FL 32351

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK HOWE

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 010 ****61.25

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DO NOT WRITE IN THIS SPACE