

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43200

1. Entity Name

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90056 026 ****70.00

Principal Place of Business	Mailing Address
2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431	2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431-7409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2200 NW 2nd Ave Suite, Apt. #, etc. Suite 209 City & State Boca Raton, FL	2200 NW 2nd Ave. Suite, Apt. #, etc. Suite 209 City & State Boca Raton, FL
Zip 33431	Country Palm Beach

4. FEI Number	Applied For
65-0307017	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
JOHNSON, WILLIAM 23445 RIO DEL MAR DR. BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name FILSON, JAMES
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 William Johnson
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, WILLIAM 2200 N.W. 2ND AVENUE, SUITE 209 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRECKER, ROBERT 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILSON, JAMES 2200 N.W. 2ND AVENUE, SUITE 209 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, PAM 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, MICHAEL 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Schatten, Catherine 2200 NW 2nd Ave., Ste 209 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist. TD Gladstone, Fred 2200 NW 2nd Ave., Ste. 209, Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ijams, Karl 2200 NW 2nd Ave., Ste. 209, Boca Raton FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Clark, Michael 2200 NW 2nd Ave., Ste. 209 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sides, Daphne 2200 NW 2nd Ave., Ste. 209, Boca Raton FL 33431 <input type="checkbox"/> Change <input checked="" 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: William Johnson VP 3-3-00 561-394-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)