

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90304 031 \*\*\*\*70.00

UBR0110

**DOCUMENT # N43200**

1. Entity Name  
**HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY,**

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



DO NOT WRITE IN THIS SPACE

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      Applied For  
**65-0307017**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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 **CATHERINE SCHATTEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19543 ESTUARY DRIVE**  
 City **BOCA RATON**      FL      Zip Code **33498**

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 *Catherine Schatten*      DATE **2-2-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 checked="" 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 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	PRESIDENT KARL F. IJAMS 1645 NW 8th STREET BOCA RATON, FL. 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CATHERINE SCHATTEN 19543 ESTUARY DRIVE BOCA RATON, FL, 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES, FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER FREDERICK GLADSTONE PMB-280/5030 CHAMPION BLVD, 9-6 BOCA RATON FL 33496	<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: *[Signature]*      DATE **2-1-01**      DAYTIME PHONE # **561-394-6070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/00)