| 2001 UNIFORM BUSINESS REPORT (UBR)- DOCUMENT # N50727 1. Entity Name | | | | | | FILED Mar 20, 2001 8:00 am Secretary of State | | | | |
|--|---|--|---------------|---|------------------------------------|---|--|--------------------------------------|---|-------------|
| LIGHTHO | USE HABITAT FOR HUMANI | TY, INC. | | | | | |)1 90020 005 * | | |
| Principal Place of Business | | Mailing Address | | | | , | | | | |
| 578 NORTH U.S. HIGHWAY ONE TEQUESTA FL 33469 | | 578 NORTH U.S. HIGHWAY ONE TEQUESTA FL 33469 | | | 31034 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | DO NOT WRITE IN THIS SPACE | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | |
| City & State | · · · · · · · · · · · · · · · · · · · | City & State | | | | 4. FEI Number 65-0358182 Applied For Not Applicable | | | | |
| Zip | Country 6. Name and Address of Current F | Zip | Cou | Country | | Sertificate of Status Desired Service Service Service Service Se | | | | |
| GOUYD, JOY 578 N US HWY ONE TEQUESTA FL 33469 | | | | Name - Mark Runn Street Address (P.O. Box Number is Not Acceptable) 578 N. U.S. Huay. One City Tequesta. | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25 | W-Benn | E: Registerer | d Agent signale | Uto required | when reinstating) O May Be I to Fees | O. Make | DATE Check Payable artment of State | | |
| 10. | OFFICERS AND DIR | | 11. | | | | INGES TO OFFICERS | | | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RODBER, JANO 13831 188TH PLACE NORTH JUPITER FL 33478 | Delete | | | MAG | sident K Burin Di Marin Ditak. FL | a Isla Wa 33477 | 7.#504 | ∑ Addition | E037 (10/00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COFFEY, PAMELA B 137 HAMPTON CIRCLE | SA Delete | | | JOH | | | ☐ Change | Addition D | SRS |
| TITLE | JUPITER FL 33458 | Z Delete | Imu | E | Sale | restant | 1 0046 | ≥ 7 ☐ Change | Addition | } |
| STREET ADDRESS CITY-ST-ZIP | JUDD, JONI 916 DOLPHIN DRIVE JUPITER FL 33458 | | | EET ADDRESS '-ST-ZIP | | 522 Ede 32-5E. 10641 | | Dr. 9 | D | |
| TITLE NAME | P GOUYD, JOY | ☐ Detete | TITL | | Tres | surer | <u>. </u> | ☐ Change | Addition | 1 |
| STREET ADDRESS CITY-ST-ZIP | 201 SEA OATS DRIVE #E JUNO BEACH FL 33408 | | \$TRE | EET ADDRESS '-ST-ZIP | 100 100 Tea | Brack | Road FL 334 | 49 | \mathcal{D} | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Perry, Elliot 4242 Mark Street Tequesta FL 33469 | ⊠ Oelete | | • | P. 500 | Preside Gowys Sea O | ats Driva ch. FL 3 | #E 3468 | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | D Burin, Mark 2201 Marina Isle Way #504 Jupiter Fl 33477 | ☐ Delete | | | | | | ☐ Change | Addition | |
| 12. I hereby of indicated of the correlation of the | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustle emporation or the receiver or trustle emporation or on an attachment with an address. | this filing does not qualify to strue and accurate and that in owered to execute this report with all other like emplowered | u | بم | ated in Se have the apter 61 | ection 119.07(3)(same legal effec 7, Florida Statute | i), Florida Statutes. I fit as if made under oas; and that my name | / | e information er or director or Block 11 if | |