

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90399 027 \*\*\*\*61.25

**DOCUMENT # N93000000245**

1. Entity Name

**HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.**

Principal Place of Business

Mailing Address

7281 SUNSHINE GROVE ROAD  
 SUITE 135  
 BROOKSVILLE FL 34613  
 US

7281 SUNSHINE GROVE RD  
 SUITE 135  
 BROOKSVILLE FL 34613-6801  
 US

**948801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**BEVINS, DOUGLAS G**  
**143 SOUTH MAIN STREET**  
**BROOKSVILLE FL 34601**

Name

**WILSON, HARRY**

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

**8021 ALLEN DRIVE**

City

**BROOKSVILLE**

**FL**

Zip Code

**34613**

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

*Harry L. Wilson*

**4-20-2000**

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  Delete  
 NAME **D RICHARD BRAUN**  
 STREET ADDRESS **2110 ARBUCKLE RD**  
 CITY-ST-ZIP **SPRING HILL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LIPIDAROV, DONNA**  
 STREET ADDRESS **11224 LINDEN LANE**  
 CITY-ST-ZIP **PORT RICHEY FL 39668**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT KREUGER**  
 STREET ADDRESS **5214 FOREST GLENN DRIVE**  
 CITY-ST-ZIP **SPRING HILL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS WILSON, HARRY**  
 STREET ADDRESS **8021 ALLEN DR.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DP RODRIGUEZ, GEORGE**  
 STREET ADDRESS **1605 S. BROOKSVILLE AVE.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  Change  Addition  
 NAME **DP BRADLEY, CECIL**  
 STREET ADDRESS **368 KORBUS ROAD**  
 CITY-ST-ZIP **MASARYKTOWN, FL 34609**

TITLE  Delete  
 NAME **D BONELLO, MARK**  
 STREET ADDRESS **5648 RED HAWK DRIVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34605**

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:

*Oliver W. Krueger* **OLIVER W. KRUEGER** TREASURER 4-19-00 352-596-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)