

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90011 009 \*\*\*\*61.25

DOCUMENT # N93000000245

1. Entity Name

HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7281 SUNSHINE GROVE ROAD SUITE 135 BROOKSVILLE FL 34613 US	Mailing Address 7281 SUNSHINE GROVE RD SUITE 135 BROOKSVILLE FL 34613 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, HARRY  
 8021 ALLEN DR.  
 BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	D RICHARD BRAUN 2110 ARBUCKLE RD SPRING HILL FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPIDAROV, DONNA 11224 LINDEN LANE PORT RICHEY FL 39668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KREUGER 5214 FOREST GLENN DRIVE SPRING HILL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, HARRY 8021 ALLEN DR. BROOKSVILLE FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRADLEY, CECIL 368 KORBUS RD MASARYKTOWN FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONELLO, MARK 5648 RED HAWK DRIVE NEW PORT RICHEY FL 34605 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETH DONALDSON 8502 DAY STREET BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VANDERBURG, Ken 5183 GULF CLUB LANE BROOKSVILLE, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KROEGER, OLIVER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN CAPEL 824 PEACH ST. BROOKSVILLE, FL 34601 <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: Oliver W. Krueger, Treasurer OLIVER W. KROEGER 4/24/01 352-596-6602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)