

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002944

1. Entity Name

HABITAT FOR HUMANITY OF GREATER APOPKA, INC.

Principal Place of Business

Mailing Address

JOHN H. BRIDGES COMMUNITY CENTER
445 W 13TH ST
APOPKA FL 32703

PO BOX 1884
445 W 13TH ST
APOPKA FL 32704-1884
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, GEORGE P
368 E MAIN ST
APOPKA FL 32703

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

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	PD	<input type="checkbox"/> Delete
NAME	STEIDL, JERRY	
STREET ADDRESS	127 COTTESMORE CR. EAST	
CITY-ST-ZIP	LONGWOOD FL 02	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHRISTIANSSEN, MONIQUE	
STREET ADDRESS	2018 HIDDEN PINE LANE	
CITY-ST-ZIP	APOPKA FL 32712-3962	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUDD, BARBARA	
STREET ADDRESS	1379 DEER LAKE CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, BISHOP G	
STREET ADDRESS	1028 S LAKE AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MCLELLAN, RICHARD A	
STREET ADDRESS	3436 BUTTON BRUCH DR	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSSEN, MONIQUE	
STREET ADDRESS	2018 HIDDEN PINE LANE	
CITY-ST-ZIP	APOPKA, FL 32712-3962	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTRUDE FENN	
STREET ADDRESS	1009 HIGHLAND AVE.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

MONIQUE CHRISTIANSSEN
Monique Christianssen

4-14-00

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90195 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3193230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2F037 (9/00)