

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90041 004 ****61.25

DOCUMENT # N93000002944

1. Entity Name

HABITAT FOR HUMANITY OF GREATER APOPKA, INC.

Principal Place of Business

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

Mailing Address

**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

4. FEI Number

59-3193230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY, GEORGE P
 368 E MAIN ST
 APOPKA FL 32703**

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIDL, JERRY	
STREET ADDRESS	127 COTTESMORE CR. EAST	
CITY-ST-ZIP	LONGWOOD FL 02	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN, MONIQUE	
STREET ADDRESS	2018 HIDDEN PINE LANE	
CITY-ST-ZIP	APOPKA FL 32712-3962	
TITLE	TD	<input checked="" 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	VPD	<input type="checkbox"/> Delete
NAME	FENN, GERTRUDE	
STREET ADDRESS	1009 HIGHLAND AVE	
CITY-ST-ZIP	APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN R. LANEAU	
STREET ADDRESS	POB 1348	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

407-886-2557

Daytime Phone #

CR2E037 (10/00)