

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002944

1. Entity Name

HABITAT FOR HUMANITY OF GREATER APOPKA, INC.

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90041 050 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

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~~ ☐ Delete
NAME ~~LARSAN, STEPHAN R~~
STREET ADDRESS ~~P O BOX 1348~~
CITY-ST-ZIP ~~APOPKA FL 32704~~

TITLE ~~TD~~ ☒ Change ☐ Addition
NAME ~~STEPHEN R. LAREAU~~
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CHRISTIANSEN, MONIQUE
STREET ADDRESS 2018 HIDDEN PINE LANE
CITY-ST-ZIP APOPKA FL 32712-3962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JUDD, BARBARA
STREET ADDRESS 1379 DEER LAKE CIRCLE
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WASHINGTON, BISHOP G
STREET ADDRESS 1028 S LAKE AVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME MCLELLAN, RICHARD A
STREET ADDRESS 3436 BUTTON BRUCH DR
CITY-ST-ZIP ZELLWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FENN, GERTRUDE
STREET ADDRESS 1009 HIGHLAND AVE
CITY-ST-ZIP APOPKA FL 32703

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 407-886-2597

CR2E037 (9/01)