## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## DOCUMENT # N93000004230 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORI 01-19-2000 90289 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 17 Ships Way P O BOX 421003 SUMMERLAND KEY FL 33042-1003 BIGAINE Key Fl.33043 Principal Place of Business KEYINEST 3. Mailing Address Keys, Inc. HINLOWER FMR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0443188 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PLETAN, GERALD W 25000 OVERSEAS HWY SUMMERLAND KEY FL 33042 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Channe ☐ Addition PD ☐ Delete TITLE ANDERSON, PETER NAME NAME STREET ADDRESS 615 GREEN ST #13 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 Change Addition ☐ Delete TITLE **VD** TITLE NAME LARKIN, JOHN STREET ADDRESS STREET ADDRESS 1865 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change Addition TD TITLE TITLE Delete Jesse R. Burley NAME NAME CASEY, RICHARD J 22386 LAFIHE Drive STREET ADDRESS STREET ADDRESS 31036 AVENUE H CITY-ST-ZIP CITY-ST-ZIP Summerland BIG PINE KEY FL 33043 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME KEMP, DEWAYNE STREET ADDRESS STREET ADDRESS 22386 LAFITTE DRIVE CITY-ST-ZIP CITY-ST-ZIF CUDJOE KEY FL 33042 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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