

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0071836

DOCUMENT # N93000004230

1. Entity Name

HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORIDA KEYS, INC.

02-05-2002 90095 039 ****70.00

Principal Place of Business 17 SHIPS WAY BIG PINE KEY FL 33043 US	Mailing Address P O BOX 421003 SUMMERLAND KEY FL 33042 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 65-0443188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, GERALD W
25000 OVERSEAS HWY
SUMMERLAND KEY FL 33042**

Name: **Roberta Loudenslager**
 Street Address (P.O. Box Number is Not Acceptable):
~~17 SHIPS WAY~~
17 SHIPSWAY
 City: ~~BIG PINE KEY~~ **BIG PINE KEY** FL Zip Code: **33043**

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: *Roberta Loudenslager* DATE: **1-17-02**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD <input type="checkbox"/> Delete NAME: MORGAN, BRIAN STREET ADDRESS: PO BOX 420284 CITY-ST-ZIP: SUMMERLAND KEY FL 33042-0284	TITLE: VD <input checked="" type="checkbox"/> Delete NAME: MERIWITZER, KEN STREET ADDRESS: 2502 N ROOSEVELT BLVD CITY-ST-ZIP: KEY WEST FL 33040
TITLE: TD <input type="checkbox"/> Delete NAME: STONE, PERI STREET ADDRESS: 42 VENETIAN WAY CITY-ST-ZIP: SUGARLOAF KEY FL 33042	TITLE: SD <input checked="" type="checkbox"/> Delete NAME: BERGSTROM, CARL STREET ADDRESS: 39 BAY DR CITY-ST-ZIP: BAY POINT FL 33042
TITLE: D <input type="checkbox"/> Delete NAME: LOUDENSLAGER, ROBERTA STREET ADDRESS: PO 8421003 CITY-ST-ZIP: SUMMERLAND KEY FL 33042	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete

TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: JAMES FISHER STREET ADDRESS: 2901B Palm Ave CITY-ST-ZIP: Big Pine Key, FL 33043
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MARY HENSEL STREET ADDRESS: 2133 SAN SEBASTIAN DR CITY-ST-ZIP: BIG PINE KEY FL 33043
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Loudenslager, Roberta STREET ADDRESS: PO Box 421003 CITY-ST-ZIP: Summerland Key, FL 33042
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input 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: *Roberta Loudenslager* **ROBERTA LOUDENSLAGER** 1/17/02 305-872-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)