

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39488

1. Entity Name

HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA,

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90253 002 ****61.25

Principal Place of Business P.O. BOX 445 COLEMAN FL 33521 6761 CR149 WILDWOOD FL. 34785	Mailing Address PO BOX 445 WILDWOOD FL 34785-0445 US
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DO NOT WRITE IN THIS SPACE

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 59-3025224	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**BUGBEE, ALBERTA
 803 CAROL ST.
 WILDWOOD FL 34785**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUGBEE, ALBERTA	
STREET ADDRESS	803 CAROL ST.	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUGBEE, RAYMOND R	
STREET ADDRESS	803 CAROL ST.	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RISTEYN, FRANK SR.	
STREET ADDRESS	4764 C RD. 151, LOT #13	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWINGER, HOWARD L	
STREET ADDRESS	3 LACY HOLLOW	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIGER, HOWARD L	
STREET ADDRESS	3 LAZY HOLLOW	
CITY-ST-ZIP	WILDWOOD FL 34785	
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: *Alberta Bugbee* **ALBERTA BUGBEE** *5-2-28-00* *352-330-0881*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)