

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 08:00 AM
Secretary of State

DOCUMENT # N39488

1. Entity Name
 HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.

Principal Place of Business 6761 CR 149 WILDWOOD 34785	FL	Mailing Address PO BOX 445 WILDWOOD 34785	US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
59-3025224

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 _____ DATE **06/12/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWINGER HOWARD L 3 LAZY HOLLOW WILDWOOD FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RISTEYN FRANK SR. 4764 C RD. 151, LOT #13 WILDWOOD FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUGBEE RAYMOND R 803 CAROL ST. WILDWOOD FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUGBEE ALBERTA 803 CAROL ST. WILDWOOD FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MACDONALD AMY 7360 EC 48 CENTER HILL FL 33514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHN BECKY 3155 WC 48 WILDWOOD FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKLAND EARLENE P.O. BX 1064 WILDWOOD FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS WM. T 447 EMORY LANE CENTER HILL FL 33514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX. BUGBEE ALBERTA 803 CAROL ST. WILDWOOD FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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)(f), 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 F. Bugbee ED 06/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)