

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39488

FILED  
Jan 21, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

6761 CR 149  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 445  
WILDWOOD, FL 34785 US

**New Mailing Address:**

FEI Number: 59-3025224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUGBEE, ALBERTA  
803 CAROL ST.  
WILDWOOD, FL 34785

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: EX. ( ) Delete  
Name: BUGBEE, ALBERTA  
Address: 803 CAROL ST.  
City-St-Zip: WILDWOOD, FL 34785

Title: PD ( ) Delete  
Name: DAVIS, WM. T  
Address: 447 EMORY LANE  
City-St-Zip: CENTER HILL, FL 33514

Title: VD ( ) Delete  
Name: KIRKLAND, EARLENE  
Address: P.O. BX 1064  
City-St-Zip: WILDWOOD, FL 34785

Title: SD ( ) Delete  
Name: VAUGHN, BECKY  
Address: 3155 WC 48  
City-St-Zip: WILDWOOD, FL 34785

Title: TD ( ) Delete  
Name: MACDONALD, AMY  
Address: 7360 EC 48  
City-St-Zip: CENTER HILL, FL 33514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SEGREST, BECKY  
Address: 3155 WC 48  
City-St-Zip: BUSHNELL, FL 33513

Title: SD (X) Change ( ) Addition  
Name: SWABY, MABEL  
Address: 7366 EC 48  
City-St-Zip: CENTER HILL, FL 33514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM. T. DAVIS

PD

01/21/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date