

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90170 032 \*\*\*\*61.25

**DOCUMENT # N51033**

1. Entity Name  
**HABITAT FOR HUMANITY OF CITRUS COUNTY INC.**

Principal Place of Business      Mailing Address

10 NE 5TH ST  
 CRYSTAL RIVER FL 34428  
 US

P.O. BOX 1041  
 CRYSTAL RIVER FL 34423-1041  
 US



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      Applied For

**59-3136342**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**ABBOTT, GLEN C**  
**706 N. SUN COAST BLVD**  
**CRYSTAL RIVER FL 34429**

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 \_\_\_\_\_  
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.      \$5.00 May Be Added to Fees

    

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>D</b> <b>MONROE, JOE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3600 W SOVEREIGN PATH STE 147</b>	
CITY-ST-ZIP	<b>LECANTO FL 34431</b>	
TITLE NAME	<b>SD</b> <b>WELDON, A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4787 N MANGROVE PATH</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE NAME	<b>D</b> <b>RYAN JACK,</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>51 BCH LN</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE NAME	<b>D</b> <b>ISABELLE, BEVERLY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9336 W RED VALLEY CT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE NAME	<b>PD</b> <b>RAPLH, K</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12050 W WATERFORD</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>LINDA DEPTOLA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1288 CYPRESS COURT</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE NAME	<b>D</b> <b>C.D. BLACKBURN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2840 N. BENTWOOD CIR</b>	
CITY-ST-ZIP	<b>LECANTO FL 34461</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: C.D. BLACKBURN      Date: 4-27-00      Daytime Phone #: 363-2744

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (9/99)