

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90116 050 ****61.25

DOCUMENT # N92000000014

1. Entity Name

HABITAT FOR HUMANITY OF BRADFORD COUNTY, FLORIDA

Principal Place of Business

Mailing Address

921 E CALL ST
 STARKE FL 32091

921 E CALL ST
 STARKE FL 32091

U I 4 4 U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621410

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDESTY, GARY
205 S LAKEWOOD DRIVE
STARKE FL 32091

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **ROBERTS, SCOTT**
 STREET ADDRESS: **986 N. TEMPLE AVE.**
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE: **D/P** Change Addition
 NAME: **D/P**
 STREET ADDRESS: **D/P**
 CITY-ST-ZIP: **D/P**

TITLE: **D** Delete
 NAME: **WILLIAMS, JERRY**
 STREET ADDRESS: **100 W. CALL ST.**
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE: **D/T** Change Addition
 NAME: **WILLIAMS, GERALD L. (JR)**
 STREET ADDRESS: **RT 4 BOX 701**
 CITY-ST-ZIP: **STARKE, FL 32091**

TITLE: **D** Delete
 NAME: **OODY, JEFF**
 STREET ADDRESS: **515 EAST JACKSON ST.**
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE: **D/S** Change Addition
 NAME: **HARDESTY, GARY**
 STREET ADDRESS: **205 S. LAKEWOOD DR.**
 CITY-ST-ZIP: **STARKE, FL 32091**

TITLE: **D** Delete
 NAME: **COOPER, JOHN**
 STREET ADDRESS: **100 W. CALL ST.**
 CITY-ST-ZIP: **STARKE FL 32091**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/01

904-966-0485

CR2E037 (10/00)