

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 700988**

1. Entity Name

**THE HUMANE SOCIETY OF COLLIER COUNTY, INC.**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90160 018 \*\*\*\*61.25

Principal Place of Business 370 AIRPORT RD N NAPLES FL 33942 US	Mailing Address 370 AIRPORT RD N NAPLES FL 34104-3508 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1033966</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MORTENSEN, FLORENCE 598 92ND AVE. N. NAPLES FL 33963
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7. Name and Address of New Registered Agent Name: <b>RONALD WALTHER</b> Street Address (P.O. Box Number is Not Acceptable): <b>10140 BOCA CIRCLE</b> City: <b>NAPLES</b> FL Zip Code: <b>34109</b>
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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: *Ronald Walther* **RONALD WALTHER** **TREASURER** DATE: **5/23/00**

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: TD NAME: MERCER, JACK STREET ADDRESS: 1755 KNIGHTS WAY CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: TD NAME: MORTENSEN, FLORENCE STREET ADDRESS: 598 92ND AVE N CITY-ST-ZIP: NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE: CD NAME: MCGRAW, DWIGHT STREET ADDRESS: 245 ST. JAMES WAY CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: MEHAS, SUSAN STREET ADDRESS: P.O. BOX 364 N/A CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: RONALD WALTHER STREET ADDRESS: 10140 BOCA CIRCLE CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: JACQUELINE M. RICKLOFF STREET ADDRESS: 3584 WINDJAMMER CIRCLE #1701 CITY-ST-ZIP: NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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)(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: *Jack R Mercer* **JACK R MERCER** DATE: **4/19/00** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)