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04-28-2003 91376 018 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 700988			
1. Entity Name THE HUMANE SOCIETY OF COLLIER COUNTY, INC.			
Principal Place of Business 370 AIRPORT RD N NAPLES FL 34104 US		Mailing Address 370 AIRPORT RD N NAPLES FL 34104 US	
2. Principal Place of Business		3. Mailing Address	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FBI Number 59-1033968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTHER, RONALD 10140 BOCA CIRCLE NAPLES FL 34109		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Ronald Walther</i> 4-23-03			
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, TOBIAS 606 SHORELINE DR. NAPLES FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOBIAS, LEE 606 SHORELINE DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTHER, RONALD 10140 BOCA CIRCLE NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MEHAS, SUSAN P.O. BOX 394 N/A NAPLES FL 34108-0394	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LINDY DIAMICO P.O. BOX 418040 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURPHY PIERCE, CHRISTINA 2313 OUTRIGGER LN NAPLES, FL 34104 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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)(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: <i>Ronald Walther</i>		4/23/03 239-348-1548	

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CHECK HERE IF MAKING CHANGES

CR2007 (10/02)