

2000 UNIFORM BUSINESS REPORT (UBR)

0006216

DOCUMENT # 702462

1. Entity Name

LEON COUNTY HUMANE SOCIETY, INC.

FILED

00 FEB -7 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

743 E. TENNESSEE ST
TALLAHASSEE FL 32308
US

743 E. TENNESSEE ST
TALLAHASSEE FL 32308-4913
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6138275

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERY, NANCY
2222 GLENWOOD LN
TALLAHASSEE FL 32308

Name *Nancy C. Bell*
Street Address (P.O. Box Number is Not Acceptable)
1228 MacLay Road
Tallahassee
City **FL** Zip Code *32312*

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 *Nancy C. Bell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/00
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	P	<input checked="" type="checkbox"/> Delete
NAME	BELL, NANCY	
STREET ADDRESS	1228 MACLAY RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAZARUS, MARK	
STREET ADDRESS	4260 KIMBERLY CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SILVEY, JUNELLA	
STREET ADDRESS	5005 SKERRIES CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCMASTERS, SHARON	
STREET ADDRESS	2318 JIM LEE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOCH, JOAN	
STREET ADDRESS	1523 BOWMAN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, HEIDI	
STREET ADDRESS	10040 COLLINS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Lazarus	
STREET ADDRESS	4260 Kimberly Cir.	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heidi King	
STREET ADDRESS	10040 Collins Hole Rd.	
CITY-ST-ZIP	Tallahassee, Fl. 32312	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Koch	
STREET ADDRESS	1523 Bowman Dr.	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003131066--1	
STREET ADDRESS	SAME	
CITY-ST-ZIP	-02/10/00--01068--007	
	*****61.25 *****61.25	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Junella Silvey	
STREET ADDRESS	5005 Skerries Ct.	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Schoenfish	
STREET ADDRESS	3600 Moss Point Rd.	
CITY-ST-ZIP	Tallahassee, Fl. 32312	

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 REQUIRED** *Sharon McMasters* *1/29/00* *850-942-9124*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)