

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90035 006 ****61.25

DOCUMENT # 702462

1. Entity Name

LEON COUNTY HUMANE SOCIETY, INC.

Principal Place of Business

743 E. TENNESSEE ST
 TALLAHASSEE FL 32308
 US

Mailing Address

743 E. TENNESSEE ST
 TALLAHASSEE FL 32308
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6138275

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BELL, NANCY C
1228 MACLAY ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Sharon McMasters
 Street Address (P.O. Box Number is Not Acceptable)
2318 Jim Lee Rd.
 City Tallahassee **FL** Zip Code 32301

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

Sharon McMasters, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/01

FILE NOW:
FEES 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LAZARUS, MARK	4260 KIMBERLY CIR	TALLAHASSEE FL 32308	<input type="checkbox"/>
VP	KING, HEIDI	10040 COLLINS HOLE RD	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>
S	KOCH, JOAN	1523 BOWMAN DR	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
T	MCMASTERS, SHARON	2318 JIM LEE RD	TALLAHASSEE FL 32301	<input type="checkbox"/>
D	SILVEY, JUNELLA	5005 SKERRIES CT.	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
D	SCHOENFISCH, WARREN	3600 MOSS POINT RD.	TALLAHASSE FL 32312	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	King, Heidi	1528 Twin Lakes Circle	Tallahassee, Fl. 32311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Anne Nelson	1041 Browning Dr.	Tallahassee, Fl. 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BARNES, Connie	5374 Pembroke Place	Tallahassee, Fl. 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	SAME			<input type="checkbox"/>	<input type="checkbox"/>
D	Earl, Sara	5640 Tortoise Crossing	Tallahassee, Fl. 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SAME			<input type="checkbox"/>	<input type="checkbox"/>

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:

Sharon McMasters
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

850-942-9124

Daytime Phone #

CR2E037 (10/00)