

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90037 018 ****61.25

DOCUMENT # 703408

Entity Name

HUMANE SOCIETY OF SARASOTA COUNTY, INC.

Principal Place of Business Mailing Address
 15TH STREET 2331 15TH STREET
 FL 34237 SARASOTA FL 34237-2909



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-6014943 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUMAS, GARY
 2450 ICECAPADE DRIVE
 SARASOTA FL 34240

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

T BTUNKEN, HARRY 4022 COUNTRY VIEW DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete
DRS MILLMAN, DEBORAH P O BOX 53 N/A SARASOTA FL	<input type="checkbox"/> Delete
VP HEREFORD, CAROLYN 4057 MACEACHEN BLVD #24 SARASOTA FL	<input type="checkbox"/> Delete
P BROWN, EDWARD 5011 KESTRAL PARK DR SARASOTA FL 34231	<input type="checkbox"/> Delete
ED DUMAS, GARY R 2450 ICECAPADE DR SARASOTA FL 34240	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Brunken, Harry (spelling corrected)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DRS NIXON, ROBIN 5205 FRUITVILLE Rd SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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: ~~SIGNATURE REQUIRED~~ 2-21-00 Date Daytime Phone #

CR2E037 (8/99)