

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

07-24-2001 90029 044 ****70.00

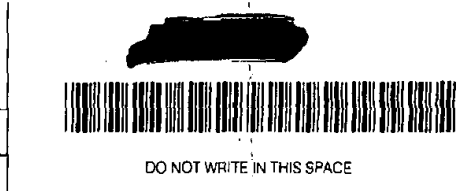
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DOCUMENT # 703408

1. Entity Name
HUMANE SOCIETY OF SARASOTA COUNTY, INC.

Principal Place of Business Mailing Address
2301 15TH STREET **2301 15TH STREET**
SARASOTA FL 34237 **SARASOTA FL 34237**

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



4. FEI Number **59-6014943** Applied For
 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 **Deborah Robbins Millman**
 Street Address (P.O. Box Number is Not Acceptable)
671 Dixon Rd.
 City **Venice** FL Zip Code **34292**

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 **Deborah Robbins Millman, Executive Director** **Deborah Robbins Millman** **7/12/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	T BRUNKEN, HARRY 4022 COUNTRY VIEW DRIVE SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jan Oppenheimer 2223 53rd St. Sarasota, FL 34234 D
	DRS NIXON, ROBIN 5205 FRUITVILLE RD SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
	VP HEREFORD, CAROLYN 4057 MACEACHEN BLVD #24 SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeff Little 1712 Forest Rd. Venice, FL 34293 D
	P BROWN, EDWARD 5011 KESTRAL PARK DR SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Neil Winty 6514 Sundew Ct. Bradenton, FL 34202 D
	ED DUMAS, GARY R 2450 ICECAPADE DR SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Corresponding Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sy Robins 6731 Cove Terrace Sarasota, FL 34231 D
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deborah Robbins Millman 671 Dixon Rd Venice, FL 34292 D

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: **Deborah Robbins Millman, Executive Director** **Deborah Robbins Millman** **7/12/01** **941 955-4181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)