

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710631

1. Entity Name

HALIFAX HUMANE SOCIETY, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90174 016 ****61.25

0000810

Principal Place of Business

2364 W.L.P.G.A. BLVD
DAYTONA BEACH FL 32120
US

Mailing Address

2364 W. ELEVENTH ST.
P.O. BOX 9035
DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0530990**Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOE, JAMES
2364 W LPGA BLVD
DAYTONA BEACH FL 32120

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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME DUVAL, MARIA
STREET ADDRESS 226 RIVER BEACH DR
CITY-ST-ZIP ORMOND BEACH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME MACLAUGHLAN, ROBERT E
STREET ADDRESS 1032 SHOCKNEY RD
CITY-ST-ZIP ORMOND BEACH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME PRUITT, ELLEN
STREET ADDRESS 1110 SHERBOURNE WAY
CITY-ST-ZIP ORMOND BCH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME MOTLEY, M
STREET ADDRESS 64 BIG BUCK TRAIL
CITY-ST-ZIP ORMOND BEACH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME STACK, MELVIN
STREET ADDRESS 1331 OAK FOREST DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174-4023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME CROCKENBERG, JOHN
STREET ADDRESS 58 NEPTUNE AVE
CITY-ST-ZIP ORMOND BEACH FL 32176TITLE ☐ Change ☐ Addition
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)(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:

JAMES NOE

8/6/02

3862744703 st17

CR2E037 (4/02)