

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90025 044 \*\*\*\*61.25

**DOCUMENT # 711688**

1. Entity Name

**JACKSONVILLE HUMANE SOCIETY, INC.**

Principal Place of Business

Mailing Address

**8464 BEACH BOULEVARD  
 JACKSONVILLE FL 32216**

**8464 BEACH BOULEVARD  
 JACKSONVILLE FLA 32216-3131**

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

**59-0624410**

Applied For

Not Applicable

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

**TYDE, MICHAEL S  
 4004 ATLANTIC BLVD.  
 JACKSONVILLE FL 32207**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TYDE, MICHAEL	
STREET ADDRESS	4004 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOAG, DEBORRAH	
STREET ADDRESS	727 EGRET BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUCLOS, MIKE	
STREET ADDRESS	12877 ELLIS ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAYER, OLIVIA	
STREET ADDRESS	P.O. BOX 350577	
CITY-ST-ZIP	JACKSONVILLE FL 32235-0577	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WHITE, SONYA	
STREET ADDRESS	8464 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Sonya White* **SONYA WHITE** **EXECUTIVE DIRECTOR** **2/17/00** **904-725-8706**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)