

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735829

1. Entity Name

THE HUMANE SOCIETY OF THE TREASURE COAST, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90159 041 ****70.00

Principal Place of Business 2675 S.E. DIXIE HIGHWAY STUART FL 34996	Mailing Address 2675 S.E. DIXIE HWY. STUART FL 34996-4021 US
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DO NOT WRITE IN THIS SPACE

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 59-0774235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOPKO, JAMES ESG
2307 S.E. MONTEREY RD.
STUART FL 34996

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NELSON, RITA 5502 S.W. SUNSHINE FARMS WAY PALM CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JAMES A IV 301 S. ALBANY AVE STUART FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWAN, MARY 1931 SE ST LUCIE BLVD STUART FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE, JUDITH 12410 NW HARBOUR RIDGE BLVD. PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHEPARD, BROOK 4285 SE TAMARIND STUART FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, VICTORIA A 27 EMARITA WAY STUART FL <input checked="" type="checkbox"/> Delete

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 6078 SE Grand Cay Court Stuart, FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ..
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3311 SE Fairway Drive, West Stuart, FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Brown, Victoria A. 27 Emarita Way Stuart, FL. 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M Burleson, Walda S. 799 SE Celtic Avenue Port St. Lucie, FL. 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Frenaye, John W. 5330 Burning Tree Circle Stuart, FL. 34997

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: *Walda S. Burleson* **Walda S. Burleson**
 SIGNATURE REQUIRED **Executive Director** 3/29/00 561/223-8822
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)