

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753518

1. Entity Name

HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90266 001 ****61.25

Principal Place of Business

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE FL 34948-3661

Mailing Address

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE FL 34948-3661

UUU114JU



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

59-0836088

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

SERINO, KATHLEEN
2810 PLACID AVE
FT. PIERCE FL 34982

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SERINO, KATHLEEN
2810 PLACID AVE.
FORT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☐ Change ☒ Addition
Bisch, Edward
P.O. Box 13479 Ft. Pierce FL 34948 ☒ XXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FINCH, V
4798 S US 1
FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ Change ☒ Addition
4708 So US 1 Thomas Finch
Fort Pierce, FL. 34982 ☒ XXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CLANCY, P
1617 SE NO. BLACKWELL
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Recording Secretary ☐ Change ☒ Addition
Clancy, Priscilla
809 SW St Thomas Cove PSL 34980 ☒ XXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANDERSON, V
3141 S IND RIVER DR
FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☐ Addition
Serino, Kathleen
2810 Placid
Fort Pierce, FL. 34982 ☒ XXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DUNNING, P
3041 FAIRWAY DR
FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Corr. Secretary ☐ Change ☒ Addition
Mayer, Gabriele
2005 Winding Creek
Ft. Pierce, FL. 34981 ☒ XXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Erin Bell
184 SE Eyerly Ave.,
Port St. Lucie, FL 34983 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01 561-465-8988

CR2E037 (10/00)