

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 8:00 am  
Secretary of State

02-15-2000 90065 015 \*\*\*\*61.25

DOCUMENT # 754178

1. Entity Name

FLAGLER COUNTY HUMANE SOCIETY INCORPORATED

Principal Place of Business

Mailing Address

1 SHELTER DRIVE  
PALM COAST FL 32137  
US

1 SHELTER DRIVE  
PALM COAST FL 32137-3615  
US

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

59-2247034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELLY, IRWIN A.  
302 1/2 W MOODY BLVD  
P.O. BOX 8  
BUNNELL FL 32010

Name

Dennis K Bayer

Street Address (P.O. Box Number is Not Acceptable)

306 S. Oceanshore Blvd

City

Flagler Beach

FL

Zip Code

32136

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 DP ☐ Delete  
NAME CARLSON, DAVID  
STREET ADDRESS 7 PLACE CONCORDE  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME ROBINSON, LINDA  
STREET ADDRESS 9661 WEST HWY 100  
CITY-ST-ZIP BUNNELL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME COVART, FRANK  
STREET ADDRESS 246 WESTHAMPTON DRIVE  
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME VERNIER, DOROTHY  
STREET ADDRESS 22 WELLSTREAM LANE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DAS ☒ Delete  
NAME PRESLEY, YVONNE  
STREET ADDRESS 3 CARDWELL COURT  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEE  
ATTACHED

01-10-00 804-445-4947