

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763275

1. Entity Name

HUMANE SOCIETY OF SUMTER COUNTY, INC.

Principal Place of Business

Mailing Address

720 SOUTHLAND AVE
BUSHNELL FL 33513
US

P.O. BOX 253
BUSHNELL FL 33513-0253

2. Principal Place of Business

1770 W. C-48

3. Mailing Address

Suite, Apt. #, etc.

City & State
Bushnell, FL

City & State

Zip
33513

Country
US

Zip

Country

4. FEI Number

59-2999283

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORLEY-CREECH, JOY
4993 C.R. 683
WEBSTER FL 33597

7. Name and Address of New Registered Agent

Name
Judith T. Hogan

Street Address (P.O. Box Number is Not Acceptable)
4794 CR 300

City
Lake Panasoffkee FL Zip Code
33538

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 Judith T. Hogan April 16, 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Judith T. Hogan, Director/Treasurer

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 DCT ☒ Delete
NAME FOLEY-CREECH, JOY
STREET ADDRESS 4993 CR 683
CITY-ST-ZIP WEBSTER FL

TITLE D ☐ Delete
NAME EVANS, SHERI
STREET ADDRESS 1020 E CR 4B
CITY-ST-ZIP BUSHNELL FL

TITLE D ☒ Delete
NAME WILLIAMS, PATRICIA
STREET ADDRESS 899 CR 484
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE D ☐ Delete
NAME HOGAN, JUDITH
STREET ADDRESS 4794 CR 300
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE D ☐ Delete
NAME PITTS, JOANNE
STREET ADDRESS 1042 CR 753 S.
CITY-ST-ZIP WEBSTER FL

TITLE P ☐ Delete
NAME GRAVES, LINDA
STREET ADDRESS 11927 SW 31ST TERR
CITY-ST-ZIP WEBSTER FL 33597

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/P ☒ Change ☐ Addition
NAME Evans, Sheri
STREET ADDRESS Same
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Cheston, Patricia
STREET ADDRESS 5046 CR 300
CITY-ST-ZIP Lake Panasoffkee, FL 33538

TITLE D/T ☒ Change ☐ Addition
NAME Hogan, Judith
STREET ADDRESS Same
CITY-ST-ZIP

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

TITLE D/C ☒ Change ☐ Addition
NAME Graves, Linda
STREET ADDRESS Same
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)(l), 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: Judith T. Hogan
Judith T. Hogan, Director/Treasurer

April 16, 2000 (352) 568-0045

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE