## 2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 763275 May 09, 2002 8:00 am Secretary of State HUMANE SOCIETY/SPCA OF SUMTER COUNTY, INC. 05-09-2002 90007 042 \*\*\*\*70 00 Principal Place of Business Mailing Address 720 SOUTHLAND AVE P.O. BOX 253 BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business 3. Mailing Address 38 P.O. Box 253 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State BUSHNELL 4. FEi Number BUSHNEL Applied For 59-2999283 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 5umter 3513 SUMTER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERI EVANS HOGAN, JUDITH T Street Address (P.O. Box Number is 4794 CR 300 LAKE PANASOFFKEE FL 33538 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE 92 (<u>6</u> NAME SATTLER, VICKI SATTLER VICKIWAY NAME STREET ADDRESS 11038 SW 31ST WAY STREET ADDRESS CITY-ST-7IP WEBSTER FL 33597 CITY-ST-ZIP WEBSTER, FL 33597 ☐ Delete TITLE **Change** Addition NAME EVANS, SHERI EVANS, SHER! NAME STREET ADDRESS 1400 SE 704 AVE 1400 SE 70TH AVE STREET ADDRESS CITY-ST-ZIP BUSHNELL FL 33513 CITY- ST-7IP BUSHNELL, FL 33513 Delete TITLE ☐ Change ☐ Addition CHESTON, PATRICIA LUCY SHOUP 3901 Co. RD. 511A NAME STREET ADDRESS 5046 CR 300 STREET ADDRESS CITY-ST-ZIP LAKE PANASOFFKEE FL 33538 CITY-ST-ZIP WILDWOOD, FL 34785 TITLE Delete TITLE DT CH Change ☐ Addition HOGAN, JUDITH NAME Bridget Smith STREET ADDRESS 4794 CR 300 1606 WEST CO RD 478 STREET ADDRESS CITY-ST-ZIP LAKE PANASOFFKEE FL 33538 CITY-ST-ZIP WEBSTER, FL 33597 TITLE Delete TITLE Change ☐ Addition NAME SKIDMORE, DANIEL JENNIFER HENDERSON NAME STREET ADDRESS 1209 CR 463B STREET ADDRESS 213 W.KINGS HIWAY - PO BOX 337 CITY-ST-ZIP LAKE PANASOFFKEE FL 33538 CITY-ST-ZIP CENTERHILL IFL 33514 TITLE DC Delete TITLE ☐ Change ☐ Addition NAME GRAVES, LINDA NAME STREET ADDRESS 11927 SW 31ST TERR STREET ADDRESS CITY-ST-ZIP WEBSTER FL 33597 CITY-ST-ZIP 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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR