

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90965 036 ****70.00

DOCUMENT # 763275

1. Entity Name

HUMANE SOCIETY/SPCA OF SUMTER COUNTY, INC.



Principal Place of Business

**138 BUSHNELL PLAZA
SUITE 104
BUSHNELL FL 33513
US**

Mailing Address

**PO BOX 253
BUSHNELL FL 33513**

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 **59-2999283**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **XX**

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EVANS, SHERI
1400 SE 70 AVENUE
BUSHNELL FL 33513**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Judith T. Hogan, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☒ Delete:
NAME **SATTLER, VICKI**
STREET ADDRESS **11038 SW 31ST WAY**
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE **DC** ☐ Delete:
NAME **EVANS, SHERI**
STREET ADDRESS **1400 SE 70TH AVE**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☐ Delete:
NAME **SHOUP, LUCY**
STREET ADDRESS **3901 COUNTY ROAD 511-A**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **DT** ☒ Delete:
NAME **SMITH, BRIDGET**
STREET ADDRESS **1606 WEST COUNTY ROAD 478**
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE **D** ☐ Delete:
NAME **HENDERSON, JENNIFER**
STREET ADDRESS **213 W. KINGS HWY - PO BOX 337**
CITY-ST-ZIP **CENTER HILL FL 33514**

TITLE ☐ Delete:
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Mordt, Dawn**
STREET ADDRESS **171 CR 532B**
CITY-ST-ZIP **Bushnell, FL 33513**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Sue Mowry**
STREET ADDRESS **4272 S. US Hwy 301, #206**
CITY-ST-ZIP **Bushnell, FL 33513**

TITLE **Director, Chairman** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Judith T. Hogan**
STREET ADDRESS **4794 CR 300**
CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

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: **Judith T. Hogan** 4-25-03 (352) 568-0045

CR2E037 (10/02)