

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90024 013 ****61.25

DOCUMENT # N04958

1. Entity Name

JEFFERSON COUNTY HUMANE SOCIETY, INC.

Principal Place of Business

**1250 MAMIE SCOTT DR.
 MONTICELLO FL 32344
 US**

Mailing Address

**P.O. BOX 559
 MONTICELLO FL 32345-0559
 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

59-2507088

Applied For

Not Applicable

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

**REICHMAN, MICHAEL A.
 380 N. JEFFERSON ST.
 MONTICELLO FL 32344**

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	PD	<input type="checkbox"/> Delete
NAME	DOLLAR-AMES, TINA	
STREET ADDRESS	ROUTE 2, BOX 122M	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRELOW, CHLOE	
STREET ADDRESS	RT. 4, BOX 40125	
CITY-ST-ZIP	MONTICELLO FL 32434	
TITLE	T	<input type="checkbox"/> Delete
NAME	IAUKEA, MICHAEL	
STREET ADDRESS	925 W. WASHINGTON ST. STE. 200	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, GUERY	
STREET ADDRESS	1250 MAMIE SCOTT DR.	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWLER, DONNA	
STREET ADDRESS	RT. 5, BOX 5732	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHMAN, MICHAEL	
STREET ADDRESS	380 N. JEFFERSON ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Britton Brown	
STREET ADDRESS	RT 4 Box 40125	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janis Watson	
STREET ADDRESS	1250 Mamie Scott Dr	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Tina Dollar-Ames Tina Dollar-Ames 3/20/01

Date

Daytime Phone #

CR2E037 (10/00)