

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90110 040 ****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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Vice President	Guery Watson	Po Box 559	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Monticello, FL	32345	<input type="checkbox"/>	<input type="checkbox"/>
	Director	Danny Taylor	Po Box 559	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Monticello, FL	32345	<input type="checkbox"/>	<input type="checkbox"/>
	Director	Susan Taylor	Po Box 559	<input type="checkbox"/>	<input type="checkbox"/>
		Monticello, FL	32345	<input type="checkbox"/>	<input type="checkbox"/>

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:

Tina Dollar-AMES

1-17-02

997-3082

CR2E037 (9/01)