

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90310 002 ****61.25

0067438

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

CHECK HERE IF MAKING CHANGES



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

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
Florida 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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, SUSAN	
STREET ADDRESS	PO BOX 559	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IAUKEA, MICHAEL	
STREET ADDRESS	925 W. WASHINGTON ST. STE. 200	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOTSON, GUERY	
STREET ADDRESS	PO BOX 559	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DANNY	
STREET ADDRESS	PO BOX 559	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHMAN, MICHAEL	
STREET ADDRESS	380 N. JEFFERSON ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/C/D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1295 Ridge Road	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T/D	
STREET ADDRESS	Betsy Pertierra	
CITY-ST-ZIP	12 Turkey Roast Drive Monticello, FL 32344	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D	
STREET ADDRESS	Watson, Guery	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1295 Ridge Road	
CITY-ST-ZIP	Monticello, FL 32344	
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 empowerment.

SIGNATURE: *[Signature]* Director 06/04/03 850-201-8019

CR2E037 (10/02)