

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90209 039 ****61.25

DOCUMENT # 753518

1. Entity Name

HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

**SAVANNAH ROAD
 PO BOX 3661
 FORT PIERCE FL 34948-3661**

**SAVANNAH ROAD
 PO BOX 3661
 FORT PIERCE FL 34948-3661**

1 0 0 1 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0836088

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SERINO, KATHLEEN
 2810 PLACID AVE
 FT. PIERCE FL 34982**

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

Kathleen Serino

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	TD	<input type="checkbox"/> Delete
NAME	SERINO, KATHLEEN	
STREET ADDRESS	2810 PLACID AVE.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FINCH, V	
STREET ADDRESS	4798 S US 1	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLANCY, P	
STREET ADDRESS	1617 SE NO. BLACKWELL	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, V	
STREET ADDRESS	3141 S IND RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNNING, P	
STREET ADDRESS	3041 FAIRWAY DR	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
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
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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: *Kathleen Serino* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CDRE07 (1/00)