## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 709921** 1. Entity Name HUMANE SOCIETY OF HERNANDO COUNTY. INC. 01-30-2001 90068 026 \*\*\*\*61.25 Principal Place of Business Mailing Address WISCON AND MOBLEY RD. WISCON AND MOBLEY RD. P.O.BOX 480 P.O.BOX 480 **BROOKSVILLE FL 34605 BROOKSVILLE FL 34605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1094757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAYNARD, JEANNE F VP 14357 EVERMORE ST BROOKSVILLE FL 34613 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DPS Delete TITLE Change ☐ Addition TITLE FARMER ARIENE WALSH, LEANNE NAME NAME 5149 HARZINGER ROAD STREET ADDRESS 21148 MARGUERITE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FLORIDA 3460 BROOKSVILLE FL 34601 **VPD** Delete ☐ Addition TITLE TITLE TONI GALE KAGAN, JEANNETTE NAME NAME 2184 TROON CT STREET ADDRESS STREET ADDRESS 5383 ASHLAND DR Spring Hill, Florida 34606 CITY-ST-7IP CITY-ST-7IP SPRING HILL FL 34606 Delete Change ☐ Addition TITLE TITLE MARY CHOATE GALE. ANTOINETTE NAME NAME 2010 EAGLE BEND RD STREET ADDRESS STREET ADDRESS 2184 TROON CT Speing Hill FloridA 34606 CITY-ST-7IP CITY-ST-7IP SPRING HILL FL 34606 Delete Change TITLE ☐ Addition TITLE LAUREL LYAII 8177 PAGODA DR WOOD, DOREEN L NAME NAME STREET ADDRESS STREET ADDRESS 11123 GIFFORD DR Spring H.II, Florida 34606 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 Delete D TITLE Addition Edythe Cook COOK, EDYTH NAME NAME 34110 TAMBER Rd Brooks VIIIE, Florid A 34602 STREET ADDRESS 24110 TAMBER RD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34602** CITY-ST-ZIP Delete TITLE Change ☐ Addition

12. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

NAME

FARMER, ARLENE

5149 HARBINGER RD

SPRING HILL FL 34608

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

HELEN ROSS

JIR Principle 1-19-01 352-666-7239