

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90266 001 ***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

UUU114JU



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

1-12-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bisch, Edward P.O. Box 13479 Ft. Pierce FL 34948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 4708 So US 1 Thomas Finch Fort Pierce, FL. 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary Clancy, Priscilla 809 SW St Thomas Cove PSU 34980	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Serino, Kathleen 2810 Placid Fort Pierce, FL. 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corr. Secretary Mayer, Gabriele 2005 Winding Creek Ft. Pierce, FL. 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Erin Bell 184 SE Eyerly Ave., Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01 561-465-8988

CR2E037 (10/00)