

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90167 027 \*\*\*\*61.25

**DOCUMENT # 753518**  
 1. Entity Name  
**HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**

Principal Place of Business      Mailing Address  
**SAVANNAH ROAD**      **SAVANNAH ROAD**  
**PO BOX 3661**      **PO BOX 3661**  
**FORT PIERCE FL 34948-3661**      **FORT PIERCE FL 34948-3661**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For.  
**59-0836088**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SERINO, KATHLEEN**  
**2810 PLACID AVE**  
**FT. PIERCE FL 34982**

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 *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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE NAME     | TD<br>SERINO, KATHLEEN    | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2810 PLACID AVE.          |  |
| CITY-ST-ZIP    | FORT PIERCE FL            |  |
| TITLE NAME     | VP<br>FINCH, THOMAS       | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 4708 SOUTH US 1           |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34982      |  |
| TITLE NAME     | RS<br>CLANCY, PRISCILLA   | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 809 SW ST THOMAS COVE     |  |
| CITY-ST-ZIP    | PORT SAINT LUCIE FL 34980 |  |
| TITLE NAME     | VP<br>SERINO, KATHLEEN    | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 2810 PLACID               |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34981      |  |
| TITLE NAME     | VPD<br>DUNNING, P         | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 3041 FAIRWAY DR           |  |
| CITY-ST-ZIP    | FORT PIERCE FL 34982      |  |
| TITLE NAME     | T<br>BELL, ERIN           | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 184 SE EYERLY AVE         |  |
| CITY-ST-ZIP    | PORT SAINT LUCIE FL 34983 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE NAME     | PRESIDENT              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | Edward Bisch           |  |
| CITY-ST-ZIP    | P.O. Box 13479         |  |
| TITLE NAME     | Fort Pierce, Fl. 34948 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | First Vice President   |  |
| CITY-ST-ZIP    | Finch, Thomas DVM      |  |
| TITLE NAME     | Vice President         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Clancy, Priscilla      |  |
| CITY-ST-ZIP    |                        |  |
| TITLE NAME     | Treasurer              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Serino, Kathleen       |  |
| CITY-ST-ZIP    |                        |  |
| TITLE NAME     | Recording Sec.         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | LeClair, Kathy         |  |
| CITY-ST-ZIP    | 4326 Winding Place     |  |
| TITLE NAME     | Fort Pierce, Fl. 34981 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: *SIGNATURE REQUIRED*      1-15-2002      1-561-461-0687  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2037 (9/01)