

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**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 <b>SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661</b>	Mailing Address <b>SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-0836088** Applied For.  Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Edward Bisch P.O. Box 13479 Fort Pierce, Fl. 34948</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>First Vice President Finch, Thomas DVM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Clancy, Priscilla</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Serino, Kathleen</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Recording Sec. LeClair, Kathy 4326 Winding Place Fort Pierce, Fl. 34981</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-15-2002* *1-561-461-0687*  
 Date Daytime Phone #

CR2037 (9/01)