

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90176 048 \*\*\*\*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**

**70014102**



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

CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen Serino*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-03  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BISCH, EDWARD PO BOX 13479 FORT PIERCE FL 34948</b>	<input checked="" type="checkbox"/> Delete <b>XXX XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD FINCH, THOMAS 4708 SOUTH US 1 FORT PIERCE FL 34982</b>	<input checked="" type="checkbox"/> Delete <b>XXXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD 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>TD SERINO, KATHLEEN 2810 PLACID FORT PIERCE FL 34981</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD LECLAIR, KATHY 4326 WINDING PL FORT PIERCE FL 34981</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD Gabriele Mayer 2005 Winding Creek - Ft. Pierce 34981</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XXXXXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOB DAVIS 382 S. NARANJA AV. PORT ST. LUCIE, FL. 34983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XXXXXX</b>

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]*

1-14-03

CR2E037 (10/02)