

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 014 ****61.25

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DOCUMENT # 709921

1. Entity Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.



Principal Place of Business

WISCON AND MOBLEY RD.
P.O. BOX 480
BROOKSVILLE FL 34605

Mailing Address

WISCON AND MOBLEY RD.
P.O. BOX 480
BROOKSVILLE FL 34605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1094757**

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

MAYNARD, JEANNE F VP
14357 EVERMORE ST
BROOKSVILLE FL 34613

Name

Joanne Schoch

Street Address (P.O. Box Number is Not Acceptable)

7192 Davenport Lane

City

Spring Hill

FL

Zip Code

34606

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

Joanne Schoch, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

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	VP	<input type="checkbox"/> Delete
NAME	SEECHIK, STELLA	
STREET ADDRESS	1441 HENRY AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GALE, TONI	
STREET ADDRESS	2184 TROONET CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, TAMI	
STREET ADDRESS	10027 OSCEOLA DRIVE	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYALL, LAUREL	
STREET ADDRESS	13614 RUDI LOOP	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COOK, EDYTHE	
STREET ADDRESS	24110 TAMBER RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALSH, LEANNE	
STREET ADDRESS	21148 MARGUERITE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE SCHOCH	
STREET ADDRESS	7192 DAVENTPORT LANE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA GUERSKE	
STREET ADDRESS	5408 Birchwood Rd.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY MARKS	
STREET ADDRESS	18103 LaPorte Lane	
CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith A. Reynolds	
STREET ADDRESS	6478 Spring Hill Dr.	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renate Kacanauskas	
STREET ADDRESS	8379 Kenway St.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla Schutte	
STREET ADDRESS	7175 Emerson Rd.	
CITY-ST-ZIP	Brooksville FL 34601	

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:

Joanne Schoch
Signature, typed or printed name of registered agent and title if applicable.

4/26/03 352 584-2093

CR2E037 (10/02)