

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 706800**

1. Entity Name

**HUMANE SOCIETY OF MARION COUNTY, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90198 024 \*\*\*\*61.25

Principal Place of Business 10699 S.W. 105TH ST BOX 1542 OCALA FL 32676-7629	Mailing Address P.O. BOX 1542 BOX 1542 OCALA FL 34478-1542 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-6196017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>STANTON, BARBARA</b> <b>4628 SW 74 AVE</b> <b>OCALA FL 34476</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TOWLES, PHYLLIS</b> <b>2198 NE 40TH ST</b> <b>OCALA FL 34479</b> <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>DT</b> <b>STANTOR, BARBARA</b> <b>9628 SW 74 AVE</b> <b>OCALA FL 34476</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SUSAN M. MILLER</b> <b>2038 SE 37th CT. Cir.</b> <b>OCALA, FLORIDA 34471</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>CLANCY, ALICE T</b> <b>8569 F. SW 92ND LANE</b> <b>OCALA FL 34481</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>FRANCE DESCAMPS</b> <b>4875 NW 92 COURT</b> <b>OCALA, FL 34482</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <b>TILLMAN, MARY T</b> <b>315 SW 73RD ST</b> <b>OCALA FL 34476</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/RS</b> <b>BARBARA STANTOR</b> <b>9628 SW 74 AVENUE</b> <b>OCALA, FL 34476</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOCKHART, WILLIAM</b> <b>5328 NW 18TH ST</b> <b>OCALA FL 34482</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST TREASURER/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR</b> <b>DION OSBORNE, DVM</b> <b>1279 E. SILVER SPRINGS BLVD</b> <b>OCALA, FL 34471</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 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 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 B changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Susan M. Miller **RE REQUIRED** Susan M. Miller **4-27-00** **(352) 62**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Ph

CR2E037 (9/99)