

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90034 011 ****61.25

DOCUMENT # 706800

1. Entity Name

HUMANE SOCIETY OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

10699 S.W. 105TH ST
BOX 1542
OCALA FL 32676-7629

P.O. BOX 1542
BOX 1542
OCALA FL 32676-7629
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-6196017

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~STANTON, BARBARA
4628 SW 74 AVE
OCALA FL 34476~~

Name

Susan Miller

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

2038 SE 37 CT CIR

City

OCALA

FL

Zip Code

34471

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

[Signature]

SUSAN M. MILLER TREASURER

2/19/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DS	TOWLES, PHYLLIS	2198 NE 40TH ST	OCALA FL 34479	<input type="checkbox"/>
DRS	STANTON, BARBARA	9628 SW 74 AVE	OCALA FL 34476	<input type="checkbox"/>
DVP	CLANCY, ALICE T	8569 F. SW 92ND LANE	OCALA FL 34481	<input checked="" type="checkbox"/>
RS	TILLMAN, MARY T	315 SW 73RD ST	OCALA FL 34476	<input checked="" type="checkbox"/>
P-DT	LOCKHART, WILLIAM	5328 NW 18TH ST	OCALA FL 34482	<input type="checkbox"/>
DT	MILLER, SUSAN M	2038 SE 37TH CT. CIR.	OCALA FL 34471	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DUP	FRANCE DESCAMPS	4875 NW 92 CT	OCALA, FL 34482	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	DION OSBORNE	1279 E SILVER SPRINGS BLVD.	OCALA, FL 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

2-15-01

352-629-8401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)