

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707212

1. Entity Name


HUMANE SOCIETY OF NORTH PINELLAS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90021 040 ***150.00

| | |
|---|--|
| Principal Place of Business 3040 STATE ROAD 590 CLEARWATER FL 34619 33759 | Mailing Address 3040 STATE ROAD 590 CLEARWATER FL 33759-2500 |
|---|--|

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



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-0781650 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GELLER, JACK
 2560 GULF TO BAY BLVD
 CLEARWATER FL 34625

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GELLER, JACK | |
| STREET ADDRESS | 711 SAMANTHA DR | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FITZNER, SHIRLEY | |
| STREET ADDRESS | 3080 HAMPTON COURT | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | |
| TITLE | DSVA | <input type="checkbox"/> Delete |
| NAME | PATTERSON, LESLIE | |
| STREET ADDRESS | 711 FAIRWOOD LANE | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WARREN, JIM | |
| STREET ADDRESS | 1757 PASADENA DR | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOODRICH, CAROLINE | |
| STREET ADDRESS | 1119 HOUNDS RUN | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPAS, SHIRLEY | |
| STREET ADDRESS | 616 WATERFORD CIRCLE E. | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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.

JACK GELLER
 SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/21/00 & 727-759-1846
Date Daytime Phone #