

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90005 048 ****61.25

0012321

DOCUMENT # 707212

1. Entity Name
HUMANE SOCIETY OF NORTH PINELLAS, INC.

Principal Place of Business Mailing Address

3040 STATE ROAD 590 **3040 STATE ROAD 590**
CLEARWATER FL ~~34619~~ **CLEARWATER FL ~~34619~~**
33759 **33759**

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 Applied For

59-0781650 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

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	DVF	<input type="checkbox"/> Delete
NAME	SPAS, SHIRLEY	
STREET ADDRESS	616 WATERFORD CIRCLE E.	
CITY-ST-ZIP	TARPON SPRINGS FL 34609 34688	

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		

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: *Shirley A. Spas* **SIGNATURE OF REGISTERED AGENT** **SHIRLEY A. SPAS** 7/30/01 727-797-7722

CR2E037 (5/01)