

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 035 ****61.25

DOCUMENT # 707212

1. Entity Name

HUMANE SOCIETY OF NORTH PINELLAS, INC.

Principal Place of Business

Mailing Address

**3040 STATE ROAD 590
 CLEARWATER FL 33759**

**3040 STATE ROAD 590
 CLEARWATER FL 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 **59-0781650**

Applied For
 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

7. Name and Address of New Registered Agent

**GELLER, JACK
 2560 GULF TO BAY BLVD
 CLEARWATER FL 34625**

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

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	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 34688	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Mazurak	
STREET ADDRESS	2747 Resnik Circle, West	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Duncan	
STREET ADDRESS	2724 Burning Tree Lane	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patterson, Leslie	
STREET ADDRESS	711 Fairwood Lane	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Phillips	
STREET ADDRESS	1968 Spanish Pines Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spas, Shirley	
STREET ADDRESS	616 Waterford Circle, East	
CITY-ST-ZIP	Tarpon Springs, FL 34688	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AS SPAS, SHIRLEY D* of FINANCE 4/26/02 727-797-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)