


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707212
1. Entity Name
HUMANE SOCIETY OF PINELLAS, INC.



Principal Place of Business: 2560 GULF TO BAY BLVD., SUITE 300 CLEARWATER, FL 33765
Mailing Address: 2560 GULF TO BAY BLVD., SUITE 300 CLEARWATER, FL 33765

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-0781650**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **GELLER, JACK**
2660 GULF TO BAY BLVD SUITE 300 CLEARWATER, FL 33765
7. Name and Address of New Registered Agent: _____
Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
City: _____
Zip Code: **400024182634**
10/27/03--01133--005--61-25**
FL

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: GELLER, JACK STREET ADDRESS: 711 SAMANTHA DR CITY-ST-ZIP: PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE: D NAME: MAZUREK, WILLIAM STREET ADDRESS: 2747 RESNIK CIRCLE WEST CITY-ST-ZIP: PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: FITZNER, SHIRLEY STREET ADDRESS: 3080 HAMPTON COURT CITY-ST-ZIP: CLEARWATER, FL 34621	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: PATTERSON, LESLIE STREET ADDRESS: 711 FAIRWOOD LANE CITY-ST-ZIP: CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WARREN, JIM STREET ADDRESS: 1757 PASADENA DR CITY-ST-ZIP: DUNEDIN, FL 34696	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GOODRICH, CAROLINE STREET ADDRESS: 1119 HOUNDS RUN CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SPAS, SHIRLEY STREET ADDRESS: 616 WATERFORD CIRCLE E. CITY-ST-ZIP: TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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 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 / SHIRLEY A. SPAS DATE: 10/20/03 727-797-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EG087 (10/02)