

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707982

1. Entity Name

LAKE CITY-COLUMBIA COUNTY HUMANE SOCIETY, INC.

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

03-29-2000 90021 006 ****61.25

Principal Place of Business

Mailing Address

SHELTER DRIVE
P.O. BOX 58
LAKE CITY FL 32056

SHELTER DRIVE
P.O. BOX 58
LAKE CITY FL 32056-0058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1542669**

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

SMITH, MARGARET
SHELTER DRIVE BEHIND KINDERGARTEN
LAKE CITY FL 32056

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. ☐

\$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
PT
PERSONS, SUE
900 S FIRST ST
LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VI
ROONEY, DOUG
P O 2246 N/A
LAKE CITY-FL 32056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VI
STOEKER, DICK
RT 15 BOX 3078 N/A
LAKE CITY FL 32024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP2ND.
PERLEY RICHARDSON
P.O. Box 1814, LAKE City FLA 32056 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WEINMAN, TOBY
PO BOX 1723 N A
LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HUNTER, LAURA
RT 10 BOX 621, 2570 90 W
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
SMITH, MARGARET
915 EVERGREEN AVENUE
LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Margaret Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 904-752-4702

Date

Daytime Phone #