

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90233 047 ****61.25

DOCUMENT # 707982

1. Entity Name

LAKE CITY-COLUMBIA COUNTY HUMANE SOCIETY, INC.

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**

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

59-1542669

Applied For

Not Applicable

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 ☐ Delete
NAME **PT**
STREET ADDRESS **PERSONS, SUE**
CITY-ST-ZIP **900 S FIRST ST
LAKE CITY FL 32025**

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

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **CRAFT, ARLENE**
CITY-ST-ZIP **RT 10 BOX 399
LAKE CITY FL 32025**

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

TITLE ☐ Delete
NAME **2VP**
STREET ADDRESS **RICHARDSON, PERLEY**
CITY-ST-ZIP **PO BOX 1814
LAKE CITY FL 32056**

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

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Margaret Smith **MARGARET SMITH** 3/28/2002 386-752-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)