

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709921

1. Entity Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90186 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

WISCON AND MOBLEY RD.  
 P.O. BOX 480  
 BROOKSVILLE FL 34605

WISCON AND MOBLEY RD.  
 P.O. BOX 480  
 BROOKSVILLE FL 34605-0480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1094757

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAYNARD, JEANNE F VP  
 14357 EVERMORE ST  
 BROOKSVILLE FL 34613

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 DP  Delete  
 NAME THOROMAN, ELIZABETH  
 STREET ADDRESS 14138 KINGMONT ST  
 CITY-ST-ZIP SPRING HILL FL 34609

TITLE Leanne Walsh DPS  Change  Addition  
 NAME 21148 marguerite RD  
 STREET ADDRESS Brooksville, FL 34601  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME MAYNARD, JEANNE  
 STREET ADDRESS 14357 EVERMORE ST  
 CITY-ST-ZIP BROOKVILLE FL 34613

TITLE VPD  Change  Addition  
 NAME Jeannette Kagan  
 STREET ADDRESS 5382 Ashland Dr.  
 CITY-ST-ZIP Spring Hill, FL 34606

TITLE SD  Delete  
 NAME FLINT, MARY ANN  
 STREET ADDRESS 11307 PORTSMOUTH ST  
 CITY-ST-ZIP SPRING HILL FL 34609

TITLE D  Change  Addition  
 NAME Antoinette Gale  
 STREET ADDRESS 2184 Troon Ct.  
 CITY-ST-ZIP Spring Hill, FL 34606

TITLE DT  Delete  
 NAME WOOD, DOREEN L  
 STREET ADDRESS 11123 GIFFORD DR  
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME COOK, EDYTH  
 STREET ADDRESS 24110 TAMBER RD  
 CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME FAIRFAX, ERICA  
 STREET ADDRESS 19951 ABBOTSFORD CT  
 CITY-ST-ZIP SPRING HILL FL 34610

TITLE Arlene Farmer D  Change  Addition  
 NAME 5149 Harbinger RD  
 STREET ADDRESS Spring Hill, FL 34608  
 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: *DOREEN L. WOOD* DOREEN L. WOOD

Date

Daytime Phone #

2/19/00 352 684-0889

CR2E037 (9/99)