2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90068 026 ****61.25

DOCUMENT # 709921

1. Entity Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.

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

DO NOT WRITE IN THIS SPACE

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 59-1094757 ☐ 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
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 X

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	DPS WALSH, LEANNE 21148 MARGUERITE RD BROOKSVILLE FL 34601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARMER ARLENE 5149 HARBINGER ROAD SPRING HILL FLORIDA 34608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KAGAN, JEANNETTE 5383 ASHLAND DR SPRING HILL FL 34606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TONI GALE 2184 TROON CT Spring Hill, Florida 34606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALE, ANTOINETTE 2184 TROON CT SPRING HILL FL 34606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY CHOATE 3030 EAGLE BEND RD Spring Hill, Florida 34606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WOOD, DOREEN L 11123 GIFFORD DR SPRING HILL FL 34608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAUREL LYALL 8177 PAGODA DR Spring Hill, Florida 34606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, EDYTH 24110 TAMBER RD BROOKSVILLE FL 34602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edythe Cook 24110 Tamber Rd Brooksville, Florida 34602	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARMER, ARLENE 5149 HARBINGER RD SPRING HILL FL 34608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Helen Ross 7306 Morningview St Weeki Wachee Hills, Florida 34613	☑ Change ☐ Addition

CR2E037 (10/00)

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: Helen Farmer SIGNATURE REQUIRED President 1-19-01 352-666-7239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #