≈ 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709921

1. Entity Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.

Sp. Country Zip Country Zip Country S. Cardificate of Status Desired To Name and Address of New Registered Agent To Name and Address of New Reg	Principal Place of Business		Mailing Address			-				
Sure. Apt. #. etc. Subs. Apt. #. etc. Subs. Apt. #. etc. Subs. Apt. #. etc. City & State City & State Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	P.O.BOX 480		P.O.BOX 480			£ 4 58 411 1 48 11 18	!! ! 	41) 81821 81W12 81P1		
City & State City & State Country Zip Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent Name 7. Name and Address of Status Desired 6. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable	2. Principal F	Place of Business	3. Mailing Address							
SPINOS AND DIRECTORS AND DIRECTORS TITLE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS TITLE SPINOS HILL FL 34608 TITLE AGE TO N SPRING HILL FL 34608 TITLE NOW: THE PROPERTY SPINOS HILL FL 34609 THE PROPERTY PROPERTY SPINOS HILL FL 34609 THE PROPERTY NOW: THE PROPERTY SPINOS HILL FL 34609 THE PROPERTY NOW: THE PROPERTY SPINOS HILL FL 34609 THE PROPERTY NOW: THE PROPERTY NOW	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Zip Country Zp Country 5. Certificate of Status Desired \$8.75 Addition Fee Required \$8.75 Addition Fee Required Agent \$8.75 Addition Fee Required \$8.75 Addition Fee Required Agent \$8.75 Addition Fee Required \$8.75 Addition Fee Required \$8.75 Addition Fee Required \$8.75 Addition \$8.75 Addition \$8.75 Addition \$9.75 Ad	City & Stat	e	City & State		4. FEI Number 59-1094757			plied For	-	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAYNARD, JEANNE F VP 14357 EVERMORE ST BROOKSVILLE FL 34613 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 hoads or premish name of registered agent and ties if application. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 OPFICERS AND DIRECTORS 10. Signature hoads to Fees ARENE, FARMER ARENE	Zip	Country	Zip	Count	try		\$8.75 Add	\$8.75 Additional		
MAYNARD, JEANNEF VP 14357 EVERMORE ST BROOKSVILE FL 34613 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Signature, ippear or pretied name of registered agent and stell if applicative. WITE Registered Agent registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SIGNATURE		6. Name and Address of Current	Registered Agent	_1		7. Name and Add	ress of New Registered			-
MAYNARD, JEANNE F VP 14357 EVERMORE ST BROOKSVILLE FL 34613 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 SUPPLIES SELECTOR Campaign Financing Added to Fase OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DEPARTMENT OF STATE STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 10 THE MAKE ARE 149 HARRINGER RD STREET ADDRESS			مسرح منتيم وميسين ويستسدو	يە ن رىنىڭ ب	Name					.:
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 SIG	14357 EVE	ERMORE ST			Street Address	(P.O. Box Number is	Not Acceptable)			
B. 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 Signat	BROOKSV	ILLE FL 34613			City		F	Zip Code)	$\frac{1}{2}$
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. S\$5.00 May Be Added to Fees Make Check Payable to Department of State	SIGNATURE .									
STREET ADDRESS OF STREET ADDRE	٠		Trust Fund	Trust Fund Contribution.			Added to Fees Department of State			
THILE VAME GALE, TONI 2184 TROONET CT SPRING HILL FL 34606 CHY-ST-ZIP SPRING HILL FL 34606 CHY-ST	NAME Street address	ARLENE, FARMER 5149 HARRINGER RD	Delete	NAME STREET	ADDRESS 212	ale, Toni 84 Troons	et ct.		Addition	(10/0/ 60030
TITLE S CHOATE, MARY 3030 EAGLE BEND RD SPRING HILL FL 34606 TITLE VAME STREET ADDRESS SPRING HILL FL 34606 TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 TITLE VAME STREET ADDRESS SPRING HILL FL 34606 TITLE D COOK, EDYTHE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 TITLE D COOK, EDYTHE STREET ADDRESS STREET ADDRES	NAME Street address	GALE, TONI 2184 TROONET CT	☐ Delete	NAME STREET	ADDRESS 10	own. Tan	ni ila Dr.	Change .	☐ Addition	0
TITLE VAME VALL, LAURE VAME	NAMÉ STREET ADDRESS	CHOATE, MARY 3030 EAGLE BEND RD	Delete	NAME STREET	ADDRESS 21	alshi-Fear	ine-	Change	Addition	
Delete TITLE COOK, EDYTHE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34602 TITLE D TITLE NAME STREET ADDRESS CITY-ST-ZIP SPring H: 11, F1. 34609 TITLE D Change TITLE NAME STREET ADDRESS CITY-ST-ZIP SPring H: 11, F1. 34609 TITLE D Change Change	NAME Street Address	8177 PAGODA DR	☐ Delete	NAME STREET	ADDRESS 24	ok Edyt	he er Ro	Change	☐ Addition	1
ITILE D	NAME STREET ADDRESS	COOK, EDYTHE 24110 TAMBER RD	☐ Delete	NAME STREET A	ADDRESS 73	all, Laure 614 Rudi	Loop	Change	☐ Addition	
BROOKSVILLE FL 34613 CITY-ST-ZIP Spring H-11, T1. 34608	IAME Street address	ROSS, HELEN 7306 MORNINGVIEW ST	☐ Delete	NAME STREET A	Di 5e9 144	echik, Ste 41 Henry	lla Ave.	Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

FILED

May 20, 2002 8:00 am Secretary of State 05-20-2002 90126 036 ****61.25

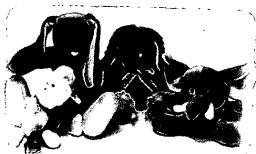
D: Foley, Ellie

24311 Mc Caw Rd.

Brooksville, Fl. 34601

This is an addition

Attachment # 709921



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Until all animals are so well-loved ... www.ddal.org