

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90357 007 \*\*\*\*61.25

**DOCUMENT # 710083**

1. Entity Name

**ST. AUGUSTINE HUMANE SOCIETY**

Principal Place of Business

Mailing Address

1665 OLD MOULTRIE ROAD  
 ST. AUGUSTINE FL 32086-5158

1665 OLD MOULTRIE ROAD  
 ST. AUGUSTINE FL 32086-5158

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

**59-1324680**

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

**POOLE, SHARON**  
**19A MCMILLAN ST**  
**ST. AUGUSTINE FL 32095**

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 **TD**  Delete  
 NAME **BROWN, SHEILA**  
 STREET ADDRESS **201 OGLETHORPE BLVD**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **SD**  Change  Addition  
 NAME **Minshall, David**  
 STREET ADDRESS **585 Oakland Ave,**  
 CITY-ST-ZIP **St. Augustine, FL 32095**

TITLE **PD**  Delete  
 NAME **GOLD, ROBERT**  
 STREET ADDRESS **4026 E. WINDSOR PARK DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **ANTONIOU, ANNE**  
 STREET ADDRESS **82 ZAMORA ST.**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **VP/D**  Change  Addition  
 NAME **Antoniou, ANNE**  
 STREET ADDRESS **82 Zamora St.**  
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **VPD**  Delete  
 NAME **RUNK, CHRISTOPHER**  
 STREET ADDRESS **9 VERSAGGI DR.**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **D**  Change  Addition  
 NAME **Runk, Christopher**  
 STREET ADDRESS **9 Versaggi Dr.**  
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D**  Delete  
 NAME **BLOOM, CATHY**  
 STREET ADDRESS **84 HYPOLITA ST**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BROWN, RONALD**  
 STREET ADDRESS **5368 FIFTH STREET**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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 another like empowered.

SIGNATURE: **Tina Walker**

**3-14-02**

**904-824-9724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)