

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90015 022 ****61.25

DOCUMENT # 714747

1. Entity Name

HUMANE SOCIETY OF LEE COUNTY, INC.

Principal Place of Business

2010 ARCADIA ST
 FORT MYERS FL 33916
 US

Mailing Address

PO BOX 50430
 FORT MYERS FL 33994
 US

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

65-0874934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~WIDMER, MARY F~~
~~4717 SW 26TH PL~~
~~CAPE CORAL FL 33914~~

7. Name and Address of New Registered Agent

Name **Carol Anne Remus**

Street Address (P.O. Box Number is Not Acceptable)

936 SW 4th Place

Cape Coral,

City

FL

Zip Code

33991

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

Carol Remus

Carol Remus

7-12-00

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
After September 13, 2000 min. will be \$236.25

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PLACE, JR, HARRY B	
STREET ADDRESS	PO BOX 6566	
CITY-ST-ZIP	FT MYERS FL 33911	
TITLE	D1VP	<input type="checkbox"/> Delete
NAME	PIPER, DR. DOUGLAS	
STREET ADDRESS	9540 CYPRESS LAKE DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D2VP	<input checked="" type="checkbox"/> Delete
NAME	DOUGLASS, DR. PAUL	
STREET ADDRESS	9540 CYPRESS LAKE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHESTER R	
STREET ADDRESS	POB 866	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, DR. LAWRENCE J	
STREET ADDRESS	61 BELL BLVD UNIT 21	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTWOOD, ROLAND	
STREET ADDRESS	1334 VESPER DR	
CITY-ST-ZIP	FT. MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russ Akpasi	
STREET ADDRESS	6975 Highland Park Circle	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE BARBUR	
STREET ADDRESS	17261 LEE RD	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL DOUGLASS DUM	
STREET ADDRESS	9540 CYPRESS LAKE DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carol Remus

7-12-00

941-332-0364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 15/00