

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State

02-03-2001 90291 030 ****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

28226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874934**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REMUS, CAROL ANNE
 936 SW 40TH PLACE
 CAPE CORAL FL 33991

LTM PLACE

7. Name and Address of New Registered Agent

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

TITLE	DP	<input checked="" 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 checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BARBUR	
STREET ADDRESS	17261 LEE RD	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRST VICE PRESIDENT	
STREET ADDRESS	SOHN P. CHIVIGES	
CITY-ST-ZIP	725 MIRROR LAKES DR LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECOND VICE PRES.	
STREET ADDRESS	RUSS ANPASSI	
CITY-ST-ZIP	6975 HIGHLAND PARK CIRCLE FT MYERS 33912	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	LISA BURKHARD	
CITY-ST-ZIP	1507 SE 2ND ST. CAPE CORAL, FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	MARtha LOUIS-KENRALL	
CITY-ST-ZIP	3331 FRANZONE RD. ST. JAMES City, FL 33956	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	CAROL ANNE REMUS	
CITY-ST-ZIP	936 SW 40TH PL CAPE CORAL, FL 33991	

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 C. SIGNATURE REQUIRED Remus **1-30-01** **941-332-0364**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)