

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90220 036 \*\*\*\*61.25

0090004

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **MIKE BRIDGES**

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

**2010 ARCADIA ST**

City **FT. MYERS**

**FL**

Zip Code **33916**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael Bridges*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>BARBUR, DAVID</del> <b>BARBUR, GINA</b>	
STREET ADDRESS	<b>17261 LEE RD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D1VP</b>	<input type="checkbox"/> Delete
NAME	<b>CARPENTER, RICHARD DVM</b>	
STREET ADDRESS	<b>16731 MCGREGOR BLVD.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE	<b>D2VP</b>	<input type="checkbox"/> Delete
NAME	<b>CHVIGES, JOHN</b>	
STREET ADDRESS	<b>725 MIRROR LAKES DRIVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MALENFANT, CHUCK</b>	
STREET ADDRESS	<b>3787 WINKLER EXT, APT 316</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33916</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>VAUGHN, GINA</b>	
STREET ADDRESS	<b>6325 PARK ROAD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEMUS, CAROL A</b>	
STREET ADDRESS	<b>936 SW 4TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	

TITLE	<b>D1VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, LAURA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D2VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORA, BARRY</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKHARD, LISA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>O'KEEFE, KIMBERLY</del>	
STREET ADDRESS	<b>9001 HIGHLAND WOODS BLVD - SUITE 7</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, GINA</b>	
STREET ADDRESS	<b>6325 PARK ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIDGES, MIKE</b>	
STREET ADDRESS	<b>5306 CORTEZ CT.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	

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 life empowered.

SIGNATURE: *Michael Bridges*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)