

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723329

1. Entity Name

HUMANE SOCIETY OF POLK COUNTY, INC.

R

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90102 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

555 SAGE ROAD  
WINTER HAVEN FL 33881

555 SAGE ROAD  
WINTER HAVEN FL 33881-8233

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

59-1644124

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

Name

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

City

FL

Zip Code

CONNOR, J. HAL  
146 AVE "B", NW  
WINTER HAVEN FL 33880

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 P ☐ Delete  
NAME REEVES, GERRY  
STREET ADDRESS 100 TERRACE DR. S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME HARRISON, DONALD  
STREET ADDRESS PO BOX 2800 ((N/A))  
CITY-ST-ZIP WINTER HAVEN FL 33883

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME AUREDEGE, SHIRLEY  
STREET ADDRESS 3584 MAJESTY LOOP  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEWITT, DENNIS  
STREET ADDRESS 222 24TH CT SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOUNER, BETTIE  
STREET ADDRESS 1519 CARVIEW CR SE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☒ Change ☐ Addition  
NAME HOOSIER, BETTIE  
STREET ADDRESS 1519 OAKVIEW CR SE  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☐ Delete  
NAME SAKS, JANE  
STREET ADDRESS 1900 CAPS ROAD  
CITY-ST-ZIP LAKE WALES FL 33853

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 all other like empowered.

SIGNATURE: *Lisa Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-00 (863) 294-5227

Date

Daytime Phone #