

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 723329**

1. Entity Name

**HUMANE SOCIETY OF POLK COUNTY, INC.**

Principal Place of Business

**555 SAGE ROAD  
WINTER HAVEN FL 33881**

Mailing Address

**555 SAGE ROAD  
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

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	P	<input type="checkbox"/> Delete
NAME	REEVES, GERRY	
STREET ADDRESS	100 TERRACE DR. S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	V	<input type="checkbox"/> Delete
NAME	HARRISON, DONALD	
STREET ADDRESS	PO BOX 2800 (N/A)	
CITY-ST-ZIP	WINTER HAVEN FL 33883	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	AUREDGE, SHIRLEY	
STREET ADDRESS	3584 MAJESTY LOOP	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, DENNIS	
STREET ADDRESS	222 24TH CT SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	SAKS, JANE	
STREET ADDRESS	1900 CAPS ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, KLINE	
STREET ADDRESS	6330 TIMBERLINE RD	
CITY-ST-ZIP	LAKE WALES, FL 33853	

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		<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:

**RELOSA H. BAKER** Exec Director 1/3/01 863-324-5227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0067679

**FILED  
Jan 10, 2001 8:00 am  
Secretary of State**

01-10-2001 90096 028 \*\*\*\*61.25

**600023**

DO NOT WRITE IN THIS SPACE