

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90049 015 ****61.25

DOCUMENT # 723329

1. Entity Name

HUMANE SOCIETY OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

555 SAGE ROAD
WINTER HAVEN FL 33881

555 SAGE ROAD
WINTER HAVEN FL 33881

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

HOLDEN, M. LANCE
99 SIXTH ST., S.W.
WINTER HAVEN FL 33880

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE NAME ☐ Delete
T REESE, KLINE
STREET ADDRESS 6336 TIMBERLINE ROAD
CITY-ST-ZIP LAKE WALES FL 33553

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

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

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

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

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 (863)324-5227

CR2E037 (9/01)