

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723807

1. Entity Name

HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY

R

Principal Place of Business

2101 N.W. 95 STREET  
MIAMI FL 33147

Mailing Address

2101 N.W. 95 STREET  
MIAMI FL 33147

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

59-0711176

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

Lish, John F.

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

2101 NW 95th Street

City

Miami

FL

Zip Code

33147

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

After September 13, 2000 min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	AMOS, BETTY	
STREET ADDRESS	3444-48 MAIN HWY	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALKER, WILLIAM	
STREET ADDRESS	14250 SW 105TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, MARY ANN	
STREET ADDRESS	15325 SW 74TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, VERNON	
STREET ADDRESS	P.O. BOX 6600656-N/A	
CITY-ST-ZIP	MIAMI FL 33266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GASSMAN, PHILIP	
STREET ADDRESS	6400 SW 147 TR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, STANLEY	
STREET ADDRESS	909 EAST 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, David	
STREET ADDRESS	3945 LOQUAT AVENUE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fine, Jeanette	
STREET ADDRESS	12805 BISCAYNE BAY DRIVE	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golden, Yvonne	
STREET ADDRESS	8137 SW 87th Terrace	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grosman, Michelle	
STREET ADDRESS	13005 BISCAYNE BAY DRIVE	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haggard, Carol	
STREET ADDRESS	9335 Gallardo Street	
CITY-ST-ZIP	Coconut Groves, FL 33156	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hudson, Robert	
STREET ADDRESS	455 Coral Way	
CITY-ST-ZIP	Coconut Groves, FL 33134	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: John F. Lish, Executive Director 7-25-00 305 691-4701

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

FILED  
Aug 28, 2000 8:00 am  
Secretary of State

08-28-2000 90061 003 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Attachment  
723807  
D0082198

(continued)

11. Additions/Changes to Officers in Directors in 10.

Title	D	Addition
Name	Lisk, Ann W.	
Street Address	3675 Justison Road	
City-St.-Zip	Coconut Grove, FL 33133	

Title	D	Addition
Name	Mays, Lisa	
Street Address	14610 SW 64th Street	
City-St.-Zip	Miami, FL 33158	

Title	D	Addition
Name	Paul, Christa	
Street Address	700 Alhambra Circle	
City-St.-Zip	Coral Gables, FL 33134	

Title	T	Addition
Name	Porter, Charles	
Street Address	1901 Brickell Avenue, B-1913	
City-St.-Zip	Miami, FL 33129	

Title	D	Addition
Name	Soffer, Brooke	
Street Address	20066 NE 36th Place	
City-St.-Zip	Aventura, FL 33180	