

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727339

1. Entity Name

THE HUMANE SOCIETY OF SEMINOLE COUNTY, INC.

Principal Place of Business

2800 COUNTY HOME RD.  
PO BOX 784  
SANFORD FL 32772

Mailing Address

P O BOX 784  
SANFORD F 32772-0784  
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

23-7366957

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASHATT, JEFF  
2800 COUNTY HOME RD  
P O BOX 784  
SANFORD FL 32772

7. Name and Address of New Registered Agent

Name

Horneffer, Steven B

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

1220 Douglas Ave Ste 103

City

Longwood

FL

Zip Code

32779

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 TD  
NAME HORNEFFER, STEVE ☐ Delete  
STREET ADDRESS 990 DOUGLAS AVE STE 102  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD  
NAME DUCKWORTH, DAVID ☒ Delete  
STREET ADDRESS 1701 QUEEN PALM DR  
CITY-ST-ZIP APOPKA FL 32712

TITLE D  
NAME ETHERTON, LEWIS ☒ Delete  
STREET ADDRESS 221 TOLLGATE TRAIL  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE SD  
NAME CONNELL, JOHN ☒ Delete  
STREET ADDRESS 647 FELLOWSHIP DR  
CITY-ST-ZIP CASSELBERRY FL 32730

TITLE TD  
NAME CONNELL, JERRY ☐ Delete  
STREET ADDRESS 635 CHELSEA RD  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D  
NAME CAMACHO, LIANA ☐ Delete  
STREET ADDRESS 839 GROVESMERE LOOP  
CITY-ST-ZIP OCOEE FL 34761

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Horneffer, Steve B  
STREET ADDRESS 1220 Douglas Ave Ste 103  
CITY-ST-ZIP Longwood FL 32779

TITLE SD ☐ Change ☒ Addition  
NAME Jean Sargeant  
STREET ADDRESS 409 W High St  
CITY-ST-ZIP Oviedo FL 32765

TITLE D ☐ Change ☒ Addition  
NAME Barbara Woodall  
STREET ADDRESS 18 Stonegate St  
CITY-ST-ZIP Longwood FL 32779

TITLE D ☐ Change ☒ Addition  
NAME Janet Bailey  
STREET ADDRESS 612 Glenarden Rd  
CITY-ST-ZIP Winter Park FL 32792-3122

TITLE D ☐ Change ☒ Addition  
NAME Beth Knudsen  
STREET ADDRESS 288 Live Oak Blvd  
CITY-ST-ZIP Sanford FL 32773-5633

TITLE D ☐ Change ☒ Addition  
NAME Patricia Piccolo  
STREET ADDRESS 1954 Fireside Ct  
CITY-ST-ZIP Casselberry FL 32707

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90394 049 \*\*\*\*\*70.00

00041802



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

attachment  
~~#~~ 127339  
D0041802

ADDITIONAL NEW DIRECTOR INFORMATION

D  
STEPHANIE LYONS  
550 LAKE LENELLE DR  
CHULUOTA FL 32766