

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731973

1. Entity Name

HUMANE SOCIETY OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

11 N EUSTIS ST  
EUSTIS FL 32726

11 N EUSTIS ST  
EUSTIS FL 32726-3407

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

59-1602575

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

TALLY, LOU  
3900 LAKE CENTER DRIVE, SUITE A4  
MT DORA FL 32757

Name

John D. Weatherford

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

910 South Bay Street

Eustis, FL 32726-4893

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

*John D. Weatherford*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-00

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	TD	<input type="checkbox"/> Delete
NAME	DAVIS, ALICE	
STREET ADDRESS	954 DORA AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVE, BARBARA	
STREET ADDRESS	16400 PERU RD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DAVIS, DANIEL	
STREET ADDRESS	954 DORA AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOUIL, JANE	
STREET ADDRESS	22308 LIVE OAK RANCH RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASTROGIACOMO, SHERRY	
STREET ADDRESS	P O BOX 514	
CITY-ST-ZIP	SORREAN FL 32776-0514	
TITLE		<input type="checkbox"/> Delete
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		
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)(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: *ALICE DAVIS* ALICE DAVIS Treasurer 352-589-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90044 022 \*\*\*\*61.25

CR2E037 (9/99)