

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
03-22-2000 90088 034 \*\*\*\*70.00

**DOCUMENT # 745226**

1. Entity Name

**THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, IN**

Principal Place of Business

**BONNIE SHEMET**  
**103 N.E. HWY 19**  
**CRYSTAL RIVER FL 34428**

Mailing Address

**P.O. BOX 2283**  
**INVERNESS FL 34451-2283**  
**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

**59-1932704**

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

**HOLLAND, GAIL A.**  
**8191 W. FERNERDA COURT**  
**W FERWERDA CT**  
**CRYSTAL RIVER FL 34428**

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 **D** ☐ Delete  
NAME **GRAVES, BONNIE**  
STREET ADDRESS **103 N.E. HWY. 19**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **P** ☐ Delete  
NAME **CALLAHAN, MARILYN**  
STREET ADDRESS **7075 W. RIVERBEND RD.**  
CITY-ST-ZIP **DUNNELLON FL**

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

TITLE **VP** ☐ Delete  
NAME **HAND, CHRISTY**  
STREET ADDRESS **211 SOUTH LEE STREET**  
CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **T** ☒ Delete  
NAME **SEBASTIAN, BEVERLY**  
STREET ADDRESS **P.O. BOX 829**  
CITY-ST-ZIP **HOMASASSA FL 34487**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **MICHELLE CHAPMAN**  
STREET ADDRESS **4939 CARDINAL St.**  
CITY-ST-ZIP **HOMOSASSA, FLA. 34448**

TITLE **D** ☐ Delete  
NAME **JOHNSON, VIOLET**  
STREET ADDRESS **1147 CORNELL TERR**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☒ Change ☐ Addition  
NAME **Violet JOHNSON**  
STREET ADDRESS **570 ELLA AVENUE**  
CITY-ST-ZIP **INVERNESS, FLA. 34450**

TITLE **D** ☐ Delete  
NAME **POHL, GLENN**  
STREET ADDRESS **P.O. BOX 4452**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

TITLE ☐ 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:

*MICHELLE CHAPMAN*  
**MICHELLE CHAPMAN**

**2-24-00**

**352-795-7547**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/99)