

2001 UNIFORM BUSINESS REPORT (UBR)**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
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D	GRAVES, BONNIE	103 N.E. HWY. 19	<input type="checkbox"/>
		CRYSTAL RIVER FL 34428		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P	CALLAHAN, MARILYN	7075 W. RIVERBEND RD.	<input type="checkbox"/>
		DUNNELLON FL		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	VP	HAND, CHRISTY	211 SOUTH LEE STREET	<input type="checkbox"/>
		BEVERLY HILLS FL		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	T	CHAPMAN, MICHELLE	4939 CARDINAL ST	
		HOMOSASSA FL 34448		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D	JOHNSON, VIOLET	570 ELLA AVENUE	<input type="checkbox"/>
		INVERNESS FL 34450		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D	POHL, GLENN	P.O. BOX 4452	<input type="checkbox"/>
		HOMOSASSA SPRINGS FL 34447		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

MANUELA CALDERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90018 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)