

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90176 048 \*\*\*\*\*61.25

**DOCUMENT # 753518**

1. Entity Name

**HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**



Principal Place of Business

**SAVANNAH ROAD  
PO BOX 3661  
FORT PIERCE FL 34948-3661**

Mailing Address

**SAVANNAH ROAD  
PO BOX 3661  
FORT PIERCE FL 34948-3661**

**70014102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0836088**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERINO, KATHLEEN  
2810 PLACID AVE  
FT. PIERCE FL 34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ~~XXX~~  
NAME **BISCH, EDWARD** ~~XXX~~  
STREET ADDRESS **PO BOX 13479**  
CITY-ST-ZIP **FORT PIERCE FL 34948**

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

TITLE **1VPD** ~~XXXX~~  
NAME **FINCH, THOMAS**  
STREET ADDRESS **4708 SOUTH US 1**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ~~XXXX~~  
NAME **2VPD**  
STREET ADDRESS **Gabriele Mayer**  
CITY-ST-ZIP **2005 Winding Creek Ft. Pierce 34981**

TITLE **VPD** ☐ Delete  
NAME **CLANCY, PRISCILLA**  
STREET ADDRESS **809 SW ST THOMAS COVE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34980**

TITLE ~~XXX~~ Change ☐ Addition  
NAME **1VPD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SERINO, KATHLEEN**  
STREET ADDRESS **2810 PLACID**  
CITY-ST-ZIP **FORT PIERCE FL 34981**

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

TITLE ☐ Delete  
NAME **RSD**  
STREET ADDRESS **LECLAIR, KATHY**  
CITY-ST-ZIP **4326 WINDING PL**  
**FORT PIERCE FL 34981**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ~~XXXXXX~~  
NAME **PD**  
STREET ADDRESS **BOB DAVIS**  
CITY-ST-ZIP **382 S. NARANJA AV.**  
**PORT ST. LUCIE, FL. 34983**

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 REQUIRED**

**1-14-03**

CR2E037 (10/02)