

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754154

1. Entity Name

PUTNAM COUNTY HUMANE SOCIETY, INC

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90158 023 ****70.00

Principal Place of Business

Mailing Address

112 NORMA ST
HOLLISTER FL 32147
US

BOX 188
HOLLISTER FL 32147-0188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2120196

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERMAN, DON
124 CEDAR CREEK ROAD
PALATKA FL 32177

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 ☐ Delete
NAME D
STREET ADDRESS DURSCHER, KEVEN
CITY-ST-ZIP 230 KIRBY LANE
GRANDIN FL 32138

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS PETERMAN, DON
CITY-ST-ZIP 124 CEDAR CREEK ROAD
PALATKA FL 32177

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

TITLE ☒ Delete
NAME SD
STREET ADDRESS FRIEB, DOLORES
CITY-ST-ZIP P.O. BOX 1390
INTERLACHEN FL 32148

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS JOAN GRAY
CITY-ST-ZIP 34 BROWNING LANE
EAST PALATKA FL 32131

TITLE ☒ Delete
NAME SD
STREET ADDRESS HARSHMAN, DONNA
CITY-ST-ZIP 415 SLEEPY HOLLOW DRIVE
INTERLACHEN FL 33148

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS NIKKI MUSSOLINE
CITY-ST-ZIP RT 3 BOX 35
EAST PALATKA FL 32131

TITLE ☒ Delete
NAME PD
STREET ADDRESS HULSMAN, RENEE
CITY-ST-ZIP P.O. BOX 656
SAN MATEO FL 32187-0656

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS CAROLE MUSSOLINE
CITY-ST-ZIP RT 3 BOX 21C
EAST PALATKA FL 32131

TITLE ☒ Delete
NAME VD
STREET ADDRESS DOTSON, CAMILLE
CITY-ST-ZIP RT. 4, BOX 1144A
PALATKA FL 32177

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS LILLIAN BROWN
CITY-ST-ZIP 24740 NE 136th LANE
SALT SPRINGS FL 32134

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: *Don Peterman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2000 904 328-7537
Date Daytime Phone #

CR2E037 (9/99)