

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758574

1. Entity Name

HUMANE SOCIETY OF GREATER JUPITER/TEQUESTA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90109 037 *****61.25

0054820

Principal Place of Business Mailing Address
INDIANTOWN RD SEAGRAPE PLAZA UNIT 213 INDIANTOWN RD SEAGRAPE PLAZA UNIT 213
P.O. BOX 1843 P.O. BOX 1843
JUPITER FL 33468-8843 JUPITER FL 33468-8843

C0052514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2111273		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STARLING ROCA, KAY-LYNETTE 185 W. INDIANTOWN RD., STE #125 P.O. BOX 1843 JUPITER FL 33468				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	PD CHERRY, SHARON 3241 MONET DR PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, BARBARA 142 CHAPEL LANE TEQUESTA, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNETT, DAVID 5423 N. ST. RD 441 TAMARAC FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAIRE BAUMAN 215 SWEET BAY CIRCLE JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN, LINDA 152 N RIUCK DR E JUPITER FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING-ROCA, KAY-LYNET 367 COUNTRY CLUB DR. TEQUESTA FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, BARBARA 142 CHAPEL LN TEQUESTA FL 33409	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLORYES FLAUM 215 SWEET BAY CIRCLE JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY-LYNETTE ROCA

4/12/01

Date

561-747-5311

Daytime Phone #

CR2E037 (10/00)