

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90092 027 \*\*\*\*61.25

**DOCUMENT # 758574**

1. Entity Name

**HUMANE SOCIETY OF GREATER JUPITER/TEQUESTA, INC.**

Principal Place of Business

Mailing Address

**INDIANTOWN RD SEAGRAPE PLAZA UNIT 213  
P.O. BOX 1843  
JUPITER FL 33468-8843**

**INDIANTOWN RD SEAGRAPE PLAZA UNIT 213  
P.O. BOX 1843  
JUPITER FL 33468-8843**

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

**59-2111273**

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

**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 **SD** ☒ Delete  
NAME **FLAUM, DOLORYES**  
STREET ADDRESS **215 SWEET BAY CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D Bruce Berkman** ☐ Change ☒ Addition  
NAME **17 Quail Circle**  
STREET ADDRESS **Jupiter FL 33458**  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **DEAN, LINDA**  
STREET ADDRESS **152 N RIUCK DR E**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **SD Andrea Osborn** ☐ Change ☒ Addition  
NAME **15438 72nd AVE N**  
STREET ADDRESS **Palm Beach Gardens FL 33418**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STARLING-ROCA, KAY-LYNET**  
STREET ADDRESS **367 COUNTRY CLUB DR.**  
CITY-ST-ZIP **TEQUESTA FL**

TITLE **D Nan MacLeod** ☐ Change ☒ Addition  
NAME **75 Willow Rd**  
STREET ADDRESS **TEQUESTA FL 33469**  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **GOMEZ, BARBARA**  
STREET ADDRESS **142 CHAPEL LN**  
CITY-ST-ZIP **TEQUESTA FL 33409**

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

TITLE **T** ☒ Delete  
NAME **BAUMAN, CLAIRE**  
STREET ADDRESS **215 SWEET BAY CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **T Mary Laurinda Halligan** ☐ Change ☒ Addition  
NAME **520 Xanadu Place**  
STREET ADDRESS **Jupiter FL 33477**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kay Lynette Roca**

**1/16/02**

**561 747-1598**

Date

Daytime Phone #

CR2E037 (9/01)