

3/28/3/28

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2001 8:00 am Secretary of State

03-28-2001 90223 043 ****61.25

DOCUMENT # N00000005615

1. Entity Name

THE HUMANE SOCIETY OF LEVY COUNTY, INC.

Principal Place of Business

Mailing Address

~~16895 W. Hwy. 316~~
~~Williston, FL 32696~~
16895 W. Hwy. 316
Williston, FL 32696

P.O. BOX 770801
OCALA FL 34477

47489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16895 W. Hwy. 316

3. Mailing Address

Suite, Apt. #, etc.

City & State

Williston, FL 32696

City & State

4. FEI Number

FIN 59-3687137

Applied For

Not Applicable

Zip

32696

Country

Marion

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CHAPONIS, THERESA
4501 N.W. 255A
OCALA FL 34482

7. Name and Address of New Registered Agent

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

TITLE: CEO
NAME: BOWSER, POLLYANNE G
STREET ADDRESS: 319 SHEARER ST
CITY-ST-ZIP: INGLIS FL 34449 Delete

TITLE: President
NAME: HUNT, TONYA
STREET ADDRESS: 319 SHEARER ST
CITY-ST-ZIP: INGLIS FL 34449 Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: President Change Addition
NAME: HUNT, Tonya
STREET ADDRESS: 16895 W. Hwy. 316
CITY-ST-ZIP: Williston, FL 32696 Director

TITLE: Secretary Change Addition
NAME: Theresa Chaponis
STREET ADDRESS: 4501 N.W. 255A
CITY-ST-ZIP: Ocala, FL 34482 Director

TITLE: Change Addition
NAME: Dr. Steve Murphy, DVM
STREET ADDRESS: 3167 N.W. 165th Street
CITY-ST-ZIP: Citra, FL 32113 Director

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

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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~~ Theresa Chaponis 2/20/01

(352) 401-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theresa Chaponis
Secretary / Director

CR2E037 (10/00)