3/28/03/28

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

47489

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000005615

1. Entity Name

THE HUMANE SOCIETY OF LEVY COUNTY, INC.

Principal Place of Business	Mailing Address
~~319 SHEARER ST~~ ~~INGLIS FL 34449~~ 16895 W. Hwy. 316 Williston, Fl. 32696	P.O. BOX 770801 OCALA FL 34477

2. Principal Place of Business	3. Mailing Address
16895 W. Hwy. 316	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Williston, Fl. 32696	City & State
Zip: 32696 / Country: Marion	Zip / Country

4. FEI Number: FIN 59-3687137 — 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
CHAPONIS, THERESA 4501 N.W. 255A OCALA FL 34482	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: CEO NAME: BOWSER, POLLYANNE G STREET ADDRESS: 319 SHEARER ST CITY-ST-ZIP: INGLIS FL 34449 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ~~ST~~ President NAME: HUNT, TONYA STREET ADDRESS: ~~319 SHEARER ST~~ CITY-ST-ZIP: ~~INGLIS FL 34449~~ ☐ Delete	TITLE: President (D) NAME: HUNT, Tonya STREET ADDRESS: 16895 W. Hwy. 316 CITY-ST-ZIP: Williston, Fl. 32696 Director ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE: Secretary (D) NAME: Theresa Chaponis STREET ADDRESS: 4501 N.W. 225A CITY-ST-ZIP: Ocala, Fl. 34482 Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE: (D) NAME: Dr. Steve Murphy, DVM STREET ADDRESS: 3167 N.W. 165th Street CITY-ST-ZIP: Citra, Fl. 32113 Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/00)

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 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