

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004488

DOCUMENT # **N01000002337**

1. Entity Name

JACKSONVILLE ANIMAL CARE AND CONTROL HUMANE SOCIETY, INC.



FILED

03 APR 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8464 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address

**8464 BEACH BLVD
JACKSONVILLE FL 32216**

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 **APPLIED FOR**

See Attached

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TYDE, MICHAEL
4004 ATLANTIC BLVD
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TYDE, MICHAEL**
STREET ADDRESS **8464 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VD** ☐ Delete
NAME **PEPPER, DAVID**
STREET ADDRESS **8464 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☐ Delete
NAME **DIAMOND, ELIZABETH**
STREET ADDRESS **8464 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **TD** ☐ Delete
NAME **PHILLIPS, CRAIG**
STREET ADDRESS **8464 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **ED** ☐ Delete
NAME **WHITE, SONYA**
STREET ADDRESS **8464 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000018461790**
CITY-ST-ZIP **05/07/03--01093--001 **1653.75**

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

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

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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 REQUIRED

4-24-03

ext 204 904-725-8706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

| | | | |
|--|--|--|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested JACKSONVILLE ANIMAL CARE AND CONTROL HUMANE SOCIETY, INC. | | |
| | 2 Trade name of business (if different from name on line 1) N/A | | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. Box) 8464 Beach Boulevard | | 5a Street address (if different) (Do not enter a P.O. box.) N/A |
| | 4b City, state and ZIP code Jacksonville, FL 32216 | | 5b City, state, and ZIP code N/A |
| | 6 County and state where principal business is located Duval County, Florida | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor Sonya White, Executive Director | | 7b SSN, ITIN, or EIN |
| 8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Animal Welfare <input type="checkbox"/> Other (specify) ▶ Organization | | | <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida | | | Foreign country |
| 9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Animal Welfare <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ | | | <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ |
| 10 Date business started or acquired (month, day, year) January 2003 | | 11 Closing month of accounting year December | |
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ None at this time | | | |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-". 0 | | | |
| 14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Non Profit Animal Shelter | | | |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Animal Shelter | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c. | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶ | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN | | | |

| | | |
|----------------------|--|---|
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | |
| | Designee's name | Designee's telephone number (include area code) |
| | Address and ZIP code | Designee's fax number (include area code) |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Sonya White, Executive Director**

Signature ▶

Sonya White

Date ▶

1-30-03

Applicant's telephone number (include area code)

(904) 725-8766 X201

Applicant's fax number (include area code)

(904) 725-3040

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

JACKSONVILLE ANIMAL CARE AND CONTROL HUMANE SOCIETY, INC.

2 Trade name of business (if different from name on line 1)

N/A

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. Box)

8464 Beach Boulevard

5a Street address (if different) (Do not enter a P.O. box.)

N/A

4b City, state and ZIP code

Jacksonville, FL 32216

5b City, state, and ZIP code

N/A

6 County and state where principal business is located

Duval County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Sonya White, Executive Director

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☐ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☒ Other nonprofit organization (specify) ▶ Animal Welfare☐ Other (specify) ▶ Organization☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ Farmers' cooperative☐ REMIC

Group Exemption Number (GEN) ▶

☐ State/local government☐ Federal government/military☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ Animal Welfare☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

January 2003

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ None at this time

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-".

Agricultural

0

Household

0

Other

0

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Accommodation & food service☒ Other (specify) Non Profit Animal Shelter☐ Wholesale - agent/broker☐ Wholesale - other☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Animal Shelter

16a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

**Third
Party
Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Sonya White, Executive Director

Signature ▶

Sonya White

Date ▶ 1-30-03

Applicant's telephone number (include area code)

(904) 725-8766 X201

Applicant's fax number (include area code)

(904) 725-3040

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