

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

000423

DOCUMENT # N01000002346

1. Entity Name

METROPOLITAN JACKSONVILLE HUMANE SOCIETY, INC.



FILED

03 APR 28 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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.

100018462021

05/07/03--01093--001 **1653.75

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Sonyia White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

904-725-8766

CR2E037 (10/02)

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 METROPOLITAN JACKSONVILLE 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"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Animal Welfare	Group Exemption Number (GEN) ▶
<input type="checkbox"/> Other (specify) ▶ Organization	

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)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Animal Welfare	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	<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-."	Agricultural 0	Household 0	Other 0
---	-----------------------	--------------------	----------------

14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale - agent/broker
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<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? Note: If "yes," please complete lines 16b and 16c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

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** (904) 725-8766 X201Signature ▶ **Sonya White** Date ▶ **1-30-03** 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)