

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002640

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: HUMANE SOCIETY OF METROPOLITAN JACKSONVILLE FLORIDA, INC.

Current Principal Place of Business:

8464 BEACH BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8464 BEACH BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYDE, MICHAEL
4004 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TYDE, MICHAEL
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: HOAG, DEBORRAH
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SAYER, OLIVIA
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: PHILLIPS, CRAIG
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TYDE, MICHAEL
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD (X) Change () Addition
Name: PEPPER, DAVID
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD (X) Change () Addition
Name: DIAMOND, ELIZABETH
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD (X) Change () Addition
Name: PHILLIPS, CRAIG
Address: 8464 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: ED () Change (X) Addition
Name: WHITE, SONYA
Address: 8464 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONYA WHITE

ED

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date