

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

0004635

DOCUMENT # **NO1000002640**

1. Entity Name  
**HUMANE SOCIETY OF METROPOLITAN JACKSONVILLE FLOR  
IDA, INC.**



FILED

03 APR 28 AM 9:00

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

4. FEI Number **APPLIED FOR  
SEE ATTACHMENT**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**200018462012**  
05/07/03--01093--001 \*\*1653.75

SIGNATURE \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TYDE, MICHAEL 8464 BEACH BLVD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PEPPER, DAVID 8464 BEACH BLVD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DIAMOND, ELIZABETH 8464 BEACH BLVD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PHILLIPS, CRAIG 8464 BEACH BLVD. JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED WHITE, SONYA 8464 BEACH BLVD JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sonya White **REQUIRED**

4-24-03 **ent 204**  
904-735-8716

CR2E037 (10/02)

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

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

State	Florida	Foreign country
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9 Reason for applying (check only one box)

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

Agricultural	Household	Other
0	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 checked="" type="checkbox"/> Other (specify) <b>Non Profit Animal Shelter</b>	<input type="checkbox"/> 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
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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**