

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

000491

DOCUMENT # N01000002641

1. Entity Name

HUMANE SOCIETY OF DUVAL COUNTY, 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  
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  
**400018461834**  
**05/07/03--01093--001 \*\*1653.75**

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:

*Signature Required*

4-24-03

904-725-8716

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  
**HUMANE SOCIETY OF DUVAL COUNTY, 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☐ State/local government☐ Federal government/military☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

**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☐ Health care & social assistance☐ Accommodation & food service☐ Wholesale - agent/broker☐ Wholesale - other☐ Retail☐ Real estate☐ Manufacturing☐ Finance & insurance☒ 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?☐ 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.

Applicant's telephone number (include area code)

Name and title (type or print clearly) ▶ **Sonya White, Executive Director****(904) 725-8766 X201**

Signature ▶

**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)