

2002 UNIFORM BUSINESS REPORT (UBR)

08-07-2002 90183 013 *****61.25
N01000007607

DOCUMENT # N01000007607

1. Entity Name

HUMANE SOCIETY OF TAYLOR COUNTY, INC.

02 OCT 16 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2016 US HWY 221 NORTH
PERRY FL 32347

Mailing Address

2016 US HWY 221 NORTH
PERRY FL 32347

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, KAREN
2016 US HWY 221 NORTH
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Same
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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, KAREN	
STREET ADDRESS	2016 US HWY 221 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, ALANA	
STREET ADDRESS	2016 US HWY 221 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TELLIA, CINDY	
STREET ADDRESS	2016 US HWY 221 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOERA, ELIZABETH	
STREET ADDRESS	2016 US HWY 221 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYNER, MARSHA	
STREET ADDRESS	2016 US HWY 221 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 850-583-1790

CR2E037 (4/02)