

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

2/1

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-17-2003 90246 032 ****61.25

DOCUMENT # N01000007607

1. Entity Name

HUMANE SOCIETY OF TAYLOR COUNTY, INC.



Principal Place of Business

Mailing Address

2016 US HWY 221 NORTH
PERRY FL 32347

2016 US HWY 221 NORTH
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

Same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, KAREN
2016 US HWY 221 NORTH
PERRY FL 32347

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

Karen Robinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/03
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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Karen Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

Daytime Phone #