

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90015 026 ****61.25

DOCUMENT # N93000000367

1. Entity Name

HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

Principal Place of Business

**910 S BAY STREET
EUSTIS FL 32726**

Mailing Address

**PO BOX 1314
MOUNT DORA FL 32757-2203
US**

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

59-3205478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALLY, LOU
3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**Don McConnell
Promontory Cove
50 Sand Lake Place
Eustis, Florida 32726**

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.

SIGNATURE *Don McConnell* **Don McConnell**

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCOVIL, JANE L**
CITY-ST-ZIP **22308 LIVE OAKS RANCH ROAD
UMATILLA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOGAN, DOROTHY**
CITY-ST-ZIP **37022 SOUTH OAK LANE, THREE LAKES
UMATILLA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOVE, BARBARA**
CITY-ST-ZIP **16400 PERU ROAD
UMATILLA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLINK, HERMAN**
CITY-ST-ZIP **RT. 1, BOX 6
MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **PEARSON, ERMINE**
CITY-ST-ZIP **403 N DONNELLY ST
MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **KIERNAN, LOYD J**
CITY-ST-ZIP **31913 BAY STREET
TAVARES FL**

TITLE ☐ Change ☒ Addition
NAME **DT**
STREET ADDRESS **DON MCCINNEL**
CITY-ST-ZIP **50 Sand Lake Place
EUSTIS, FLORIDA 32627**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Don McConnell* **Don McConnell**

Don McConnell

352-357-0799

CR2E037 (10/00)