

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0068944

**DOCUMENT # N93000000367**

1. Entity Name

**HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.**

04-07-2002 90571 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**910 S BAY STREET  
 EUSTIS FL 32726**

**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

4. FEI Number

**59-3205478**

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

7. Name and Address of New Registered Agent

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

Name

**Don McConnell  
 Promontory Cove**

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

**50 Sand Lake Place  
 Eustis, Florida 32726**

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.

SIGNATURE

*Don McConnell*

**3-28-02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOVIL, JANE L</b>	
STREET ADDRESS	<b>22308 LIVE OAKS RANCH ROAD</b>	
CITY-ST-ZIP	<b>UNATILLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOGAN, DOROTHY</b>	
STREET ADDRESS	<b>37022 SOUTH OAK LANE, THREE LAKES</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, BARBARA</b>	
STREET ADDRESS	<b>16400 PERU ROAD</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLINK, HERMAN</b>	
STREET ADDRESS	<b>RT. 1, BOX 6</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, ERMINE</b>	
STREET ADDRESS	<b>403 N DONNELLY ST</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KIERNAN, LOYD J</b>	
STREET ADDRESS	<b>31913 BAY STREET</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	

TITLE	<b>DT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Don McConnell</b>	
STREET ADDRESS	<b>Promontory Cove</b>	
CITY-ST-ZIP	<b>50 Sand Lake Place Eustis, Florida 32726</b>	
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
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-02**

DATE

**352-357-0799**

Daytime Phone #

CR2E037 (9/01)