

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90102 029 ****61.25

DOCUMENT # N95000002498

1. Entity Name

HUMANE SOCIETY OF NORTH PINELLAS FOUNDATION, INC

Principal Place of Business

Mailing Address

2560 GULF TO BAY BLVD.
 SUITE 300
 CLEARWATER FL ~~34625~~ 33765

2560 GULF TO BAY BLVD.
 SUITE 300
 CLEARWATER FL 33765-4435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3445308

Applied For

Not Applicable

Zip

33765

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

GELLER, JACK J ESQ
2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL ~~34625~~ 33765

Name

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

City

FL

Zip Code

33765

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

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 **P/D** Delete
 NAME **GELLER, JACK J.**
 STREET ADDRESS **2560 GULF TO BAY BLVD. #300**
 CITY-ST-ZIP **CLEARWATER FL ~~34625~~ 33765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PATTERSON, LESLIE**
 STREET ADDRESS **711 FAIRWOOD LANE**
 CITY-ST-ZIP **CLEARWATER FL ~~34619~~ 33759**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SPAS, SHIRLEY**
 STREET ADDRESS **616 WATERFORD CIR. E.**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack J. Geller, Pres. 1/24/00

Date

727/799-4840

Daytime Phone #

CR2E037 (9/99)