

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002498

1. Entity Name

HUMANE SOCIETY OF NORTH PINELLAS FOUNDATION, INC

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

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

Principal Place of Business

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

Mailing Address

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)(l), 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

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

727/799-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)