

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # N95000002498

1. Entity Name
 HUMANE SOCIETY OF NORTH PINELLAS FOUNDATION, INC.

Principal Place of Business 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 34625	Mailing Address 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 34625
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2. Principal Place of Business 2560 GULF TO BAY BLVD.	3. Mailing Address 2560 GULF TO BAY BLVD.
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Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33765	Country	Zip 33765	Country
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4. FEI Number 59-3445308	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GELLER JACK JESQ
 2560 GULF TO BAY BLVD.
 SUITE 300
 CLEARWATER FL 34625 US

7. Name and Address of New Registered Agent

Name
 GELLER JACK JESQ
 Street Address (P.O. Box Number is Not Acceptable)
 2560 GULF TO BAY BLVD.
 SUITE 300
 City
 CLEARWATER 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 _____ DATE **04/24/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPAS, SHIRLEY 616 WATERFORD CIR. E. TARPON SPRINGS FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PATTERSON, LESLIE 711 FAIRWOOD LANE CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete GELLER, JACK J. 2560 GULF TO BAY BLVD. #300 CLEARWATER FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jack J. Geller Pres 04/24/2001

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

CR2E037 (11/00)