

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGELLER 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** **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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)(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 Faxing Phone #

CR2E037 (11/00)