


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90066 006 \*\*\*\*61.25

**DOCUMENT # N98000004333**

1. Entity Name  
**HUMANE SOCIETY OF NORTH AMERICA, INC.**



Principal Place of Business  
**3521 FORSYTH RD  
ORLANDO FL 32792**

Mailing Address  
**3521 FORSYTH RD  
ORLANDO FL 32792**

2. Principal Place of Business  
**3505 FORSYTH RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**3505 FORSYTH RD**  
Suite, Apt. #, etc.

City & State  
**WINTER PARK FL**

City & State  
**WINTER PARK FL**

Zip  
**32792**

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADKINS, LARRY G  
3521 FORSYTH RD  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name  
**LARRY ADKINS**

Street Address (P.O. Box Number is Not Acceptable)  
**3505 FORSYTH RD**

City  
**WINTER PARK FL**

Zip Code  
**32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry Adkins* (NOTE: Registered Agent signature required when reinstating)

DATE 3/14/03

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTINEZ, MARGIE</b> <b>1630 SANKEY CIR</b> <b>OVEDO FL 32765</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRELLA, JESUS</b> <b>713 MEADOWSIDE CT</b> <b>ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADKINS, LARRY</b> <b>3521 FORSYTH RD</b> <b>WINTER PARK FL 32792</b>	<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
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	<b>3505 FORSYTH RD</b> <b>WINTER PARK FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3505 FORSYTH RD</b> <b>WINTER PARK FL 32792</b>	<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)(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: *LARRY ADKINS*

3/14/03

CR2E037 (10/02)