

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90021 001 \*\*\*\*61.25

**DOCUMENT # N98000004664**

1. Entity Name

**HUMANE SOCIETY OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 7707~~  
**WINTER GARDEN FL 34777-0707**

~~P.O. BOX 7707~~  
**WINTER GARDEN FL 34777-0707**

2. Principal Place of Business

**5859 CR 545**

3. Mailing Address

**5859 CR 545**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Winter GARDEN FL**

City & State  
**Winter GARDEN**

4. FEI Number  
**59-3531069**

Applied For  
 Not Applicable

Zip  
**FL** Country  
**ORANGE**

Zip  
**34787-9745** Country  
**ORANGE**

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

**JOHNSON, WADE F JR**  
**118 E. JEFFERSON ST.**  
**ORLANDO FL 32801**

Name **LORRIE NASSOFER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5859 CR 545**  
**Winter GARDEN FL**  
 City **FL** Zip Code **34787-9745**

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 *LORRIE NASSOFER* **LORRIE NASSOFER** **02/01/00**  
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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, JULIE</b>	
STREET ADDRESS	<b>800 S. DILLARD ST.</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUDOSTRUM, TANSEY</b>	
STREET ADDRESS	<b>115 INTERNATIONAL PARKWAY</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELARM, MICHELLE</b>	
STREET ADDRESS	<b>5859 COUNTY RD. 545</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787-9745</b>	
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		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORRIE NASSOFER</b>	
STREET ADDRESS	<b>5859 CR 545</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787-9745</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL BENTON</b>	
STREET ADDRESS	<b>5859 CR 545</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787-9745</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALFRED BARLOW</b>	
STREET ADDRESS	<b>5859 CR 545</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787-9745</b>	
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		

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: *LORRIE NASSOFER* **LORRIE NASSOFER** **02/01/00** **407-654-1127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)