

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90199 001 *****8.75
05-05-2001 90199 002 *****61.25

DOCUMENT # N98000004664

1. Entity Name

HUMANE SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**5859 CR 545
WINTER GARDEN FL 34787-9745**

**5859 CR 545
WINTER GARDEN FL 34787-9745**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3531069**

Applied For
Not Applicable

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
5859 CR 545
WINTER GARDEN FL 34787-9745**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NASSOFER, LORRIE 5859 CR 545 WINTER GARDEN FL 34787-9745	<input type="checkbox"/>	D HOWARD SCHUMACHER 5859 CR 545 WINTER GARDEN FL 34787-9745	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BENTON, MICHAEL 5859 CR 545 WINTER GARDEN FL 34787-9745	<input type="checkbox"/>	D PERRY PATTEN 5859 CR 545 WINTER GARDEN FL 34787-9745	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BARLOW, ALFRED 5859 COUNTY RD. 545 WINTER GARDEN FL 34787-9745	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01

4076541127

CR2E037 (10/00)