

**2002 UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # N98000004664

1. Entity Name

HUMANE SOCIETY OF CENTRAL FLORIDA, INC.

FILED

09-11-2002 90071 001 \*\*\*\*\*8.75  
02 SEP 16 09 AM '02 90071 002 \*\*\*\*\*61.25  
N98000004664

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09051



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
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  
JOHNSON, WADE F JR  
5859 CR 545  
WINTER GARDEN FL 34787-9745

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	NASSOFER, LORRIE	
STREET ADDRESS	5859 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, HOWARD	
STREET ADDRESS	5859 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
TITLE	D CHRIS SNELLING	<input checked="" type="checkbox"/> Delete
NAME	PATTEN, PERRY	
STREET ADDRESS	5459 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
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		<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	CHRIS SNELLING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5859 CR 545	
STREET ADDRESS	WINTER GARDEN FL 34787-9745	
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
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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02 407654-1127 Date Daytime Phone #

CR2E037 (4/02)