

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90022 018 \*\*\*150.00

**DOCUMENT # P00000048938**

1. Entity Name  
**ANIMAL CLINIC OF WINDERMERE, INC.**

Principal Place of Business

1909 MAGUIRE RD.  
 ORLANDO FL 34786

Mailing Address

1909 MAGUIRE RD.  
 ORLANDO FL 34786

**550333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Animal Clinic of Windermere  
 Suite, Apt. #, etc.

3. Mailing Address

1909 Maguire Rd  
 Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

65-1008411

Applied For  
 Not Applicable

Zip

34786

Country USA

Zip

34786

Country USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JESSE E JR.**  
**369 NORTH NEW YORK AVE., 3RD. FLOOR**  
**WINTER PARK FL 32790**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  Delete  
 NAME **D PEARCE, DOUGLAS S**  
 STREET ADDRESS **7340 MARDELL COURT**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **S Pearce, Mary**  
 STREET ADDRESS **7340 MardeLL Ct**  
 CITY-ST-ZIP **Orlando FL 32835**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Douglas S. Pearce*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01  
 Date

407 846 3676  
 Daytime Phone #

CR2E034 (10/00)