

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90097 023 \*\*\*150.00

**DOCUMENT # P98000087183**

1. Entity Name  
**SHAFFER ANIMAL HOSPITAL, P.A.**

Principal Place of Business      Mailing Address  
**11937 EAST COLONIAL DRIVE      11937 EAST COLONIAL DRIVE**  
**ORLANDO FL 32826                      ORLANDO FL 32826-4729**



DO NOT WRITE IN THIS SPACE

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 **59-3537538**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAFFER, KENDRA W**  
**11937 EAST COLONIAL DRIVE**  
**ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name **KENDRA W. SHAFFER, D.V.M.**  
 Street Address (P.O. Box Number is Not Acceptable) **1475 EAST MITCHELL HAMMOCK**  
 City **OVIEDO**      FL      Zip Code **32765**

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 *Kendra W Shaffer DVM*      DATE **3/22/00**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHAFFER, JEFFREY DVM</b>
STREET ADDRESS	<b>4501 CHULUOTA ROAD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>SHAFFER, KENDRA W D.V.M.</b>
STREET ADDRESS	<b>4501 CHULUOTA ROAD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32820</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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	

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: *Kendra W Shaffer DVM*      DATE **3/22/00**      Daytime Phone # **407-568-6918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)