

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465363

1. Entity Name

VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, I

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90081 008 ***150.00

Principal Place of Business

882 JACKSON STREET
WINTER PARK FL 32789

Mailing Address

882 JACKSON STREET
WINTER PARK FL 32789-4667

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

59-1565694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANADA, CAROLYN
882 JACKSON AVE
WINTER PARK FL 32789

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	COLBERT, TIMOTHY	
STREET ADDRESS	10640 E COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	22229 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	☒ Delete
NAME	VAUGHAN, JOSEPH	
STREET ADDRESS	2889 WEST ALKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	☒ Delete
NAME	BACIA, JEFFERY	
STREET ADDRESS	2608 N POWERS DRIE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	P	☐ Delete
NAME	RUBENSTIEN, RICHARD	
STREET ADDRESS	1484 TUSCAWILLA RD	
CITY-ST-ZIP	OVIEDO FL	
TITLE	S	☐ Delete
NAME	MYERS, BERNARD	
STREET ADDRESS	5518 CENTRAL FL. PWY.	
CITY-ST-ZIP	ORLANDO FL 32821	

TITLE	D	☐ Change ☒ Addition
NAME	Priebs, Daniel	
STREET ADDRESS	843 S. Orlando Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	P	☒ Change ☐ Addition
NAME	Hicks, Robert	
STREET ADDRESS	2229 Boggy Creek Road	
CITY-ST-ZIP	Kissimmee, FL-34744	
TITLE	D	☐ Change ☒ Addition
NAME	Hawkins, Genye	
STREET ADDRESS	11265 South Hwy. 441	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Rubinstein, Richard	
STREET ADDRESS	1484 Tusawilla Road	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	VP	☒ Change ☐ Addition
NAME	Myers, Bernard	
STREET ADDRESS	5518 Central FL Pkwy	
CITY-ST-ZIP	Orlando, FL 32821	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT E. HICKS 1/18/00 (407) 348-4840

CR2E034 (9/99)