# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 06, 2001 8:00 am**
**Secretary of State**
02-06-2001 90279 027 ***150.00

DOCUMENT # 465363

1. Entity Name

VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA,I

| Principal Place of Business | Mailing Address |
|---|---|
| 882 JACKSON STREET<br>WINTER PARK FL 32789 | 882 JACKSON STREET<br>WINTER PARK FL 32789 |

D0014724

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 59-1565694 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CANADA, CAROLYN
882 JACKSON AVE
WINTER PARK FL 32789

**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 Carolyn Canada Carolyn Canada Hospital Administrator 1/31/01
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLBERT, TIMOTHY<br>10640 E COLONIAL DRIVE<br>ORLANDO FL | ☒ Delete | VP<br>Priehs, Daniel<br>9901 South US Hwy 17-92<br>Maitland, FL 32751 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HICKS, ROBERT<br>2229 BOGGY CREEK ROAD<br>KISSIMMEE FL 34744 | ☐ Delete | D<br>Cannon, Randall<br>753 Fairbanks Dr.<br>Winter Park, FL 32789 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAWKINS, GENYE<br>11265 SOUTH HWY. 441<br>ORLANDO FL 32837 | ☐ Delete | Director<br>Hicks, Robert<br>2229 Boggy Creek Road<br>Kissimmee, FL 34744 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BACIA, JEFFERY<br>2608 N POWERS DRIE<br>ORLANDO FL 32818 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUBENSTIEN, RICHARD<br>1484 TUSCAWILLA RD<br>OVIEDO FL 32765 | ☐ Delete | Rubinstein, Richard | ☒ Change ☐ Addition<br>(spelling) |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MYERS, BERNARD<br>5518 CENTRAL FL. PWY.<br>ORLANDO FL 32821 | ☐ Delete | President<br>Myers, Bernard<br>5518 Central FL Pkwy.<br>Orlando, FL 32821 | ☒ Change ☐ Addition |

CR2E034 (10/00)

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] 1/31/01 (407) 740-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #