

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 237022

1. Entity Name
GAINESVILLE ANIMAL HOSPITAL, INC.



FILED

03 AUG -7 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2838 N. W. 6TH ST
(P.O. BOX 1105, GAINESVILLE, FL 32602)
GAINESVILLE FL 32602-1105

Mailing Address
2838 N. W. 6TH ST
(P.O. BOX 1105, GAINESVILLE, FL 32602)
GAINESVILLE FL 32602-1105



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 59-0901770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMECK, JOHN H
2838 NW 6TH ST
GAINESVILLE FL 32602

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
SAMECK, JOHN H
2838 NW 6TH ST
GAINESVILLE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
APRIL M. SAMECK
2838 NW 6TH ST
GAINESVILLE, FL 32602 ☐ Change ☒ Addition

TITLE
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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 607, 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:

John H. Sameck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-08-03

352-3725366

Date

Daytime Phone

**Gainesville Animal Hospital
2838 NW 6th St
Gainesville, FL 32609
(352) 372-5366**

July 10, 2003

Uniform Business Report (UBR)
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

I am writing in regards to the UBR 2003 for Gainesville Animal Hospital (FIE# 59-0901770). I have just received a notice that indicates I did not file the UBR 2003 for the hospital before the June 6, 2003 deadline, and now I am responsible for the filing fee (\$150.00) plus a late filing fee (\$400.00).

I am requesting a late fee waiver. I believe that my past record of filing the UBR proves that I have filed before the deadline without fail. Unfortunately, this year I did not receive prior notice for this report, and therefore missed the deadline.

I appreciate your consideration on this matter. Along with this letter and the completed report I have provided the \$150.00 filing fee as directed by the Frequently Asked Questions portion of the notice I just received.

Please feel free to contact me at (352) 372-5366 or 332-5366 if there are any questions that I can help to answer.

Best Regards.



Dr. Jack Sameck