

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 399796

1. Entity Name

NORTHWOOD ANIMAL HOSPITAL, INC

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90029 034 ***150.00

Principal Place of Business

Mailing Address

1881 N. M.L. KING BLVD.
TALLAHASSEE FL 32303

1881 N. M.L. KING BLVD.
TALLAHASSEE FL 32303

2. Principal Place of Business

1934 Dellwood Dr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-1387794

Applied For

Not Applicable

Zip

32303

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KELLY OVERSTREET P.A
215 S. MONROE STREET
SUITE #400
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

DON D. DYE

Street Address (P.O. Box Number is Not Acceptable)

317 E. Call St.

City

Tallahassee

FL

Zip Code

32301

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

1-14-00

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 PD ☐ Delete
NAME DELONEY, JERRY A
STREET ADDRESS 1881 N BLVD
CITY-ST-ZIP TALLAHASSEE FL

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 1.1

TITLE PD ☒ Change ☐ Addition
NAME Jerry A. Deloney
STREET ADDRESS 1934 Dellwood Dr.
CITY-ST-ZIP Tallahassee, FL 32303

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry A. Deloney

1/14/00

Date

850-942-6650

Daytime Phone #

CR2E034 (9/99)