

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 029 ***150.00

DOCUMENT # 401381

1. Entity Name

SANTA FE ANIMAL CLINIC, INC.

Principal Place of Business

Mailing Address

**3107 U.S. HIGHWAY 92 EAST
 LAKELAND FL 33801-9221**

**6816 BROKEN ARROW TR. SO.
 LAKELAND FL 33813-3707
 US**

A0004172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1354214**

Applied For
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGHTOWER, DORSEY G
 6816 BROKEN ARROW TRAIL S
 LAKELAND FL 33801**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HIGHTOWER, DORSEY G	6816 BROKEN ARROW TRAIL	LAKELAND FL	<input type="checkbox"/>
VD	HIGHTOWER, SANDRA L	6816 BROKEN ARROW TRAIL	LAKELAND FL	<input type="checkbox"/>
ST	STEWART JR, LAWRENCE C	101 AVENUE "C" SW	WINTER HAVEN FL	<input type="checkbox"/>
D	HIGHTOWER, DORSEY G	6816 BROKEN ARROW TRAIL	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 blocks empowered.

SIGNATURE:

DORSEY G. HIGHTOWER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORSEY G. HIGHTOWER
 Date: *1-6-2000* Daytime Phone #: *863-646-3669*