

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462662

1. Entity Name

SNYDER ANIMAL HOSPITAL, P.A.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90011 050 ***150.00

Principal Place of Business

Mailing Address

6003 PHILLIPS HWY. DR. RUSSELL J. SNYDER
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-5918
10433 SCOTT MILL ROAD
JACKSONVILLE, FL 32257

2. Principal Place of Business

10433 Scott Mill Rd

3. Mailing Address

10433 Scott Mill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville FL

Jacksonville, FL

City & State

City & State

4. FEI Number

59-1556098

Applied For

Not Applicable

Zip

Country

32257

USA

Zip

Country

32257

USA

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

SNYDER, RUSSELL J.
6003 PHILLIPS HWY.
JACKSONVILLE FL 32216

DR. RUSSELL J. SNYDER
10433 SCOTT MILL ROAD
JACKSONVILLE, FL 32257

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 PD
NAME SNYDER, RUSSELL J.
STREET ADDRESS 6003 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE, FL 32216
Delete ☐

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

TITLE S
NAME CHAMBERS, ROBIN R.
STREET ADDRESS 6003 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL 32216
Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

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Change ☐ Addition ☐

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NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

904-268-2316

Daytime Phone #