

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 465363

FILED  
Jan 04, 2002  
Secretary of State

Entity Name: VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

882 JACKSON STREET  
WINTER PARK, FL 32789

## New Principal Place of Business:

195 CONCORD DRIVE  
CASSELBERRY, FL 32707

## Current Mailing Address:

882 JACKSON STREET  
WINTER PARK, FL 32789

## New Mailing Address:

195 CONCORD DRIVE  
CASSELBERRY, FL 32707

FEI Number: 59-1565694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANADA, CAROLYN  
882 JACKSON AVE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

CANADA, CAROLYN  
195 CONCORD DRIVE  
CASSELBERRY, FL 32707 US

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: \_\_\_\_\_

01/04/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: PRIEHS, DANIEL  
Address: 9901 SOUTH US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: HICKS, ROBERT  
Address: 2229 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: HAWKINS, GENYE  
Address: 11265 SOUTH HWY. 441  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: CANNON, RANDALL  
Address: 753 FAIRBANKS DR.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: RUBINSTEIN, RICHARD  
Address: 1484 TUSCAWILLA RD  
City-St-Zip: OVIEDO, FL 32765

Title: P ( ) Delete  
Name: MYERS, BERNARD  
Address: 5518 CENTRAL FL. PWY.  
City-St-Zip: ORLANDO, FL 32821

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PRIEHS, DANIEL  
Address: 9901 SOUTH US HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HAWKINS, GENYE  
Address: 11265 SOUTH HWY. 441  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, PAUL  
Address: 1491 EAST STATE ROAD 434  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition  
Name: MYERS, BERNARD  
Address: 5518 CENTRAL FL. PWY.  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENYE HAWKINS, D.V.M.

VP

01/04/2002

Electronic Signature of Signing Officer or Director

Date