

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90023 010 \*\*\*150.00

<b>DOCUMENT # 513628</b>			
1. Entity Name <b>SUNRISE ANIMAL HOSPITAL, INC.</b>			
Principal Place of Business <b>1190 NW 61 AVENUE SUNRISE FL 33313</b>		Mailing Address <b>1190 NW 61 AVENUE SUNRISE FL 33313-6108</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1691267</b>		Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>BARBER, GARY S. BROWARD FINANCIAL CENTER 500 E. BROWARD BLVD. FT. LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JONES, OLIVER R.</b>	NAME			
STREET ADDRESS	<b>1190 N.W. 61ST AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JONES, KRISTINE B.</b>	NAME			
STREET ADDRESS	<b>1190 N.W. 61ST AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURLEY, FRANCIS I.</b>	NAME			
STREET ADDRESS	<b>201 SW 63RD TERR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP			
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURLEY, R. DEXTER</b>	NAME			
STREET ADDRESS	<b>201 SW 63RD TERR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP			
TITLE	<b>VP2</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JONES, LURA</b>	NAME			
STREET ADDRESS	<b>1190 NW 61 AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP			
TITLE	<b>VP3</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARRISON, AMY</b>	NAME			
STREET ADDRESS	<b>1190 NW 61 AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUNRISE FL</b>	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: OLIVER R JONES **OLIVER R JONES** 1-17-00 582-0150(954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #