

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513628

1. Entity Name

SUNRISE ANIMAL HOSPITAL, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90167 042 ***150.00

Principal Place of Business
1190 NW 61 AVENUE
SUNRISE FL 33313

Mailing Address
1190 NW 61 AVENUE
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1691267

Applied For

Not Applicable

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

BARBER, GARY S.
BROWARD FINANCIAL CENTER
500 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

Name OLIVER R. JONES

Street Address (P.O. Box Number is Not Acceptable)
1190 NW 61 AVE

City SUNRISE FL Zip Code 33313

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, 2001 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 P
NAME JONES, OLIVER R.
STREET ADDRESS 1190 N.W. 61ST AVE.
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE S
NAME JONES, KRISTINE B.
STREET ADDRESS 1190 N.W. 61ST AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE T
NAME BURLEY, FRANCIS I.
STREET ADDRESS 201 SW 63RD TERR.
CITY-ST-ZIP PLANTATION FL ☐ Delete

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

TITLE V
NAME BURLEY, R. DEXTER
STREET ADDRESS 201 SW 63RD TERR.
CITY-ST-ZIP PLANTATION FL ☐ Delete

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

TITLE VP2
NAME JONES, LURA
STREET ADDRESS 1190 NW 61 AVE.
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE VP3
NAME HARRISON, AMY
STREET ADDRESS 1190 NW 61 AVE.
CITY-ST-ZIP SUNRISE FL ☐ Delete

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: OLIVER R JONES *Oliver R Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/01 954-587-0650

Date

Daytime Phone #

CR2F034 (1/01/00)

0256118