

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90198 015 \*\*\*150.00

DOCUMENT # 559686

1. Entity Name

GLENCOE VETERINARY HOSPITAL, INC.

Principal Place of Business

Mailing Address

423 N GLENCOE RD  
SMYRNA BCH FL 32168

423 N GLENCOE RD  
NEW SMYRNA BCH FL 32168-7837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRYANT, JEANE  
423 N GLENCOE RD  
NEW SMYRNA BCH, FL  
32168-4837

4. FEI Number 59-1833787

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYANT, ROBERT           |  |
| STREET ADDRESS | 423 N. GLENCOE RD.       |  |
| CITY-ST-ZIP    | NEW SMYRNA BCH. FL       |  |
| TITLE          | STD                      | <input type="checkbox"/> Delete            |
| NAME           | BRYANT, JEANE            |  |
| STREET ADDRESS | 423 N. GLENCOE RD.       |  |
| CITY-ST-ZIP    | NEW SMYRNA BCH, FL 00000 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | PSTD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Bryant, Jeane            |  |
| STREET ADDRESS | 423 N. Glencoe Road      |  |
| CITY-ST-ZIP    | New Smyrna Bch. FL 32168 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeane Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 904-427-4149  
Date Daytime Phone #

CR2E034 (9/99)