## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 30, 2000 8:00 am Secretary of State **DOCUMENT # 603298** FRANK G. HANDLEY D.V.M. AND HOWARD S. JONES D.V. 05-30-2000 90068 022 \*\*\*150.00 Principal Place of Business Mailing Address 2887 STATE ROAD 17 SO. 3500 STATE ROAD 17 NORTH P.O. BOX 1477 P.O. BOX 1477 AVON PARK FL 33825 SEBRING FL 33871-1477 2. Principal Place of Business Mailing Address Mini Ranca Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City,& State 4. FEI Number City & State 59-1372518 Not Applicable BRING \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, HOWARD S., JR. 3500 STATE ROAD 17 NORTH P.O. BOX 1477 SEBRING FL 33871 5 EBRING 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE JONES, HOWARD S., JR. (DR.) NAME NAME STREET ADDRESS 128 MINI RANCH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Change Addition Delete TITLE TITLE YOUNG, JOHN H. (DR.) NAME NAME STREET ADDRESS **501 SUNSET DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE JONES, HUNTER S. NAME STREET ADDRESS STREET ADDRESS 128 MINI RANCH ROAD CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #