

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693619

1. Entity Name

SPANISH RIVER ANIMAL HOSPITAL, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90028 025 ***150.00

Principal Place of Business

Mailing Address

% JOHN PHILLIPS
180 WEST SPANISH RIVER BLVD
BOCA RATON FL 33431

C/O VETERINARY CENTERS OF AMERICA
3420 OCEAN PARK BLVD #1000
SANTA MONICA CA 90405-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Los Angeles, CA

4. FEI Number

59-2107258

Applied For

Not Applicable

Zip

Country

Zip

Country

90064

U.S.A.

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 32324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ANITIN, ROBERT	3420 OCEAN PARK BLVD #1000	SANTA MONICA CA 90405	<input type="checkbox"/>
S	ANTIN, ARTHUR	3420 OCEAN PARK BLVD #1000	SANTA MONICA CA 90405	<input type="checkbox"/>
T	TAUBER, NEIL	3420 OCEAN PARK BLVD #1000	SANTA MONICA CA 90405	<input type="checkbox"/>
CFO	FULLER, TOMAS	3420 OCEAN PARK BLVD #1000	SANTA MONICA CA 90405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		12401 West Olympic Blvd.	Los Angeles, CA 90064	<input type="checkbox"/>	<input type="checkbox"/>
		12401 West Olympic Blvd.	Los Angeles, CA 90064	<input type="checkbox"/>	<input type="checkbox"/>
		12401 West Olympic Blvd.	Los Angeles, CA 90064	<input type="checkbox"/>	<input type="checkbox"/>
		12401 West Olympic Blvd.	Los Angeles, CA 90064	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

(310) 584-6500

Daytime Phone #

CR2E034 (9/99)