

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735501

1. Entity Name

FLORIDA ANIMAL HEALTH FOUNDATION, INC.

Principal Place of Business

7265 129TH STREET  
SEMINOLE FL 33776  
US

Mailing Address

7265 129TH STREET  
SEMINOLE FL 33776-4302  
US

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

59-0934733

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

HANCOCK, C. GUY D  
10035 83RD WAY, NORTH  
LARGO FL 33777

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8, D  
HANCOCK, C. GUY D  
7265 129TH STREET  
SEMINOLE FL 33776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Schmaltz, Patricia L. D, S~~  
Schmaltz, Patricia L.  
1401 N. Riverhills Dr.  
Temple Terrace, FL 33617 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SCHMALTZ, LARRY G  
1401 N RIVERHILLS DRIVE  
TEMPLE TERRACE FL 33617 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Register, Linda  
10959 Brightside Dr.  
Tampa, FL 33624 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
THOMAS, J. LANE D  
17200 SE 58TH AVENUE  
SUMMERFIELD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Meyer, Carl  
10155 S. ForestHme Ave.  
Inverness, FL 34452 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STERN, ALAN  
2133 BLACK OAK CT.  
SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Meyer, Deena  
10155 S. ForestHme Ave.  
Inverness, FL 34452 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRIM, MICHAEL  
918 MILLRD CT. W.  
DAYTONA BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Nicoletti, Paul  
P.O. Box 110880 CVM  
Gainesville, FL 32610-0880 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MILLER, BRUCE  
970 N BASS RD  
KISSIMMEE FL ☒ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

813-248-9558

Daytime Phone #

CR2E037 (9/99)