

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM  
Secretary of State

DOCUMENT # 745477

1. Entity Name

SUNCOAST VETERINARY ASSOCIATION, INC.

Principal Place of Business

11823 OAK TRAIL WAY

PORT RICHEY  
34668

FL

Mailing Address

11823 OAK TRAIL WAY

PORT RICHEY  
34668

FL

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

59-2001723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT R. HASE, JR.

BAYONET POINT ANIMAL CLINIC

11823 OAK TRAIL WAY

PORT RICHEY

34668

US

FL

Name

HASE ROBERT RJR

Street Address (P.O. Box Number is Not Acceptable)

BAYONET POINT ANIMAL CLINIC

11823 OAK TRAIL WAY

City  
PORT RICHEY

FL

Zip Code  
34668

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 ROBERT R. HASE, JR.

04/30/2000

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 PD ☐ Delete  
NAME CAWLEY ALLAN J  
STREET ADDRESS 7741 CONGRESS  
CITY-ST-ZIP NEW PT RICHEY FL

TITLE PD ☒ Change ☐ Addition  
NAME GUMBINER HAL  
STREET ADDRESS 4605 U.S. 19  
CITY-ST-ZIP NEW PT RICHEY FL 34652

TITLE STD ☐ Delete  
NAME HASE, JR. ROBERT R.  
STREET ADDRESS 11823 OAK TRAIL WAY  
CITY-ST-ZIP PORT RICHEY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.