

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90005 017 ****61.25

DOCUMENT # 745477

1. Entity Name

SUNCOAST VETERINARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11823 OAK TRAIL WAY
PORT RICHEY FL 34668

11823 OAK TRAIL WAY
PORT RICHEY FL 34668

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**HASE, ROBERT R JR
BAYONET POINT ANIMAL CLINIC
11823 OAK TRAIL WAY
PORT RICHEY FL 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

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	HASE, JR. ROBERT R.	
STREET ADDRESS	11823 OAK TRAIL WAY	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUMBINER, HAL	
STREET ADDRESS	4605 U.S. 19	
CITY-ST-ZIP	NEW PT RICHEY FL 34852	
TITLE	Reed, Jerry PD	<input type="checkbox"/> Delete
NAME	7038 S.R. 54	
STREET ADDRESS	New Port Richey, FL	
CITY-ST-ZIP	34653	
TITLE	Patricia Weston-Bogart VPB	<input type="checkbox"/> Delete
NAME	P.O. Box 1119	
STREET ADDRESS	New Port Richey, FL	
CITY-ST-ZIP	34656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert R. Hase Jr. Sec-Treas 1-11-01 727-863-2435

CR2E037 (10/00)