

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745477

1. Entity Name

SUNCOAST VETERINARY ASSOCIATION, INC.

Principal Place of Business

11823 OAK TRAIL WAY  
PORT RICHEY FL 34668

Mailing Address

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

HASE, ROBERT R JR  
BAYONET POINT ANIMAL CLINIC  
11823 OAK TRAIL WAY  
PORT RICHEY FL 34668

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  
STD  
HASE, JR. ROBERT R.  
11823 OAK TRAIL WAY  
PORT RICHEY FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
REED, JERRY  
7038 SR 54  
NEW PORT RICHEY-FL 34653 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WESTON-BOGART, PATRICIA  
PO BOX 1119  
NEW PORT RICHEY FL 34656 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President, Director ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V D  
Gumbiner, Hal  
4605 US Hwy 19  
New Port Richey, Fla 34652 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: Robert R Hase, Jr. Dum 2/24/02 727-863-2435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90127 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)