

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90011 041 ***150.00

DOCUMENT # F89581

1. Entity Name

GUKICH & RYLAND, D.V.M.'S, P.A.

C0028660



DO NOT WRITE IN THIS SPACE

Principal Place of Business ROBERT G GUKICH HWY 27 NORTH LAKE WALES FL 33853		Mailing Address % ROBERT G GUKICH 2748 HWY 27 NORTH LAKE WALES FL 33853	
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 59-2205220		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	
GUKICH, ROBERT G 2748 HWY 27 NORTH LAKE WALES FL		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
FL			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
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 ☐ Delete DP GUKICH, ROBERT G 2748 HWY 27 NORTH LAKE WALES, FL 00000	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete VST RYLAND, A FLEET III 2748 HWY 27 NORTH LAKE WALES, FL 00000	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete VD SCHOTMAN, THOMAS K B 2748 HWY 27 NORTH LAKE WALES, FL 00000	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete VD MATTHEWS, MICHAEL 2748 HWY 27 NORTH LAKE WALES 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		
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: _____		Date 2-22-00 Daytime Phone # 863-676-1417	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)