

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005029

1. Entity Name

VCA HOWELL BRANCH ANIMAL HOSPITAL, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90028 021 ***150.00

Principal Place of Business

Mailing Address

1401 HOWELL BRANCH RD
WINTER PK FL 32789
US

3420 OCEAN PARK BLVD.
SUITE 1000
SANTA MONICA CA 90405-3317
US

2. Principal Place of Business

3. Mailing Address

12401 West Olympic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Los Angeles, CA

4. FEI Number

95-4445010

Applied For

Not Applicable

Zip

Country

Zip

Country

90064

USA

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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	PD	<input type="checkbox"/> Delete
NAME	ANTIN, ROBERT L	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ANTIN, ARTHUR J	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULLER, TOMAS	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAUBER, NEIL	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 West Olympic Blvd.	
CITY-ST-ZIP	Los Angeles, CA 90064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 West Olympic Blvd.	
CITY-ST-ZIP	Los Angeles, CA 90064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	Los Angeles, CA 90064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 West Olympic Blvd.	
CITY-ST-ZIP	Los Angeles, CA 90064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000

(310) 584-6500

CR2E034 (9/99)