

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G47840**

1. Entity Name

RONALD C. BALLARD, DVM, P.A.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90080 016 ***150.00

Principal Place of Business

% RONALD C. BALLARD, DVM
3851 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

Mailing Address

% RONALD C. BALLARD, DVM
3851 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2325219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALLARD, RONALD C DVM
3851 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **BALLARD, RONALD C**
STREET ADDRESS **3851 WEKIVA SPRINGS ROAD**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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:

Ronald C. Ballard, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald C. Ballard, Pres

7/28/00

Date

(407) 862-4466

Daytime Phone #

CR2E034 (5/00)

Attachment G47840
D0076534



Wekiva Springs Animal Hospital

3851 Wekiva Springs Rd.

Longwood, FL 32779

7/28/00

Gentlemen,

I did not receive the first notice to file. I have always filed my report on time and paid the fee in a timely manner in the past. If I had received the 1st notice I would have done so this year also. Please accept this since I did not receive the first mailing.

Sincerely,
with thanks,

Ronald Ballard