

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # H12652**1. Entity Name
ADVENTURE ANIMAL HOSPITAL, INC.Principal Place of Business
8704 JACKSON SPRINGS ROADMailing Address
8704 JACKSON SPRINGS ROADTAMPA FL TAMPA FL
33615 33615

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
59-1845146Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BONSACK, FRANK A.
8704 JACKSON SPRINGS ROAD

TAMPA FL
33615

7. Name and Address of New Registered Agent

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)

02/25/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	VD	<input type="checkbox"/> Delete
NAME	BONSACK FRANK C	
STREET ADDRESS	8210 WESTRIDGE DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEST KATHY A.	
STREET ADDRESS	111 HUNTERS GLEN	
CITY-ST-ZIP	LUFKIN TX 75904	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HULL MARIA L	
STREET ADDRESS	5611 FOREST HAVEN CIRCLE #105	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BONSACK, BARBARA G.	
STREET ADDRESS	8210 WESTRIDGE DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	BONSACK, FRANK A.	
STREET ADDRESS	8210 WESTRIDGE DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONSACK FRANK C		
STREET ADDRESS	8617 JACKSON SPRINGS ROAD REAR		
CITY-ST-ZIP	TAMPA FL 33615		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEST KATHY A.		
STREET ADDRESS	111 HUNTERS GLEN		
CITY-ST-ZIP	LUFKIN TX 75904		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HULL MARIA L		
STREET ADDRESS	242 HOLLY SPRINGS VILLAGE RD., UNIT #4		
CITY-ST-ZIP	FRANKLIN NC 28734		
TITLE	DVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONSACK, BARBARA G.		
STREET ADDRESS	8210 WESTRIDGE DR		
CITY-ST-ZIP	TAMPA FL 33615		
TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONSACK, FRANK A.		
STREET ADDRESS	8210 WESTRIDGE DR		
CITY-ST-ZIP	TAMPA FL 33615		
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: FRANK A. BONSACK**PRES 02/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)