

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98686

1. Entity Name

ANIMAL EMERGENCY OF COUNTRYSIDE, INC.

R

Principal Place of Business

30606 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

Mailing Address

30606 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCKNIGHT, JEAN K.  
2720 WINDSONG CIRCLE  
PALM HARBOR FL 34684

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PVS MCKNIGHT, JEAN K. 2720 WINDSONG CIRCLE PALM HARBOR FL 34684 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
T MCKNIGHT, JEAN K. 2720 WINDSONG CIRCLE PALM HARBOR FL 34684 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00  
Date

727-772-8113  
Daytime Phone #

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90015 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment  
Doc# H98686  
DW9199

August 10, 2000

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

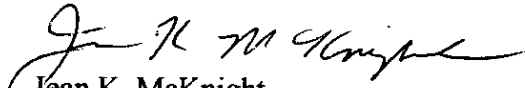
Dear Representative:

Enclosed is a second UBR report and another check for \$150.00. The initial report and check were mailed 4/17/00. To this date you have not received them. I spoke with Jane and Tyrone in your office. As per Tyrone's advice I am filing another report and remitting another check. I am requesting that you waive the penalty as I followed procedure in a timely fashion as I have done for previous years.

Please disregard this if you have received the report, and destroy any additional check.

Thank You!

Sincerely,

  
Jean K. McKnight