

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13005

1. Entity Name

ANIMAL T.L.C. HOSPITAL, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90072 047 \*\*\*150.00

042854



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5400 NORTH DIXIE HIGHWAY SUITE 13 & 14  
BOCA RATON FL 33487

Mailing Address  
5400 NORTH DIXIE HIGHWAY SUITE 13 & 14  
BOCA RATON FL 33487-4950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0021626

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

MCGOVNEY, RALPH M  
3429 LAKEVIEW DR  
DELRAY BEACH FL 33445

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 D  
NAME MCGOVNEY, RALPH DVM  
STREET ADDRESS 3429 LAKEVIEW DR  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE D  
NAME MCGOVNEY, MARSHA  
STREET ADDRESS 3429 LAKEVIEW DR  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

*Marsha McGovney* Marsha McGovney

Date

Daytime Phone #

561

498-5793

CR2E034 (9/99)