2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90176 017 ***150.00

DOCUMENT # K80115

1. Entity Name
SOUTH DIXIE ANIMAL HOSPITAL, INC.

K

Principal Place of Business	Mailing Address
6510 S. DIXIE HWY WEST PALM BEACH FL 33405-0229	6510 S. DIXIE HWY WEST PALM BEACH FL 33405-0229

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0120758 ☐ Applied For ☐ Not Applicable

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
BRUCE R COREN 6510 S DIXIE HWY W PALM BCH FL 33405	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 Bruce R Coren 7-5-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COREN, BRUCE 225 DYER RD W PALM BCH FL	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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: Bruce R Coren 7-5-2 561-585-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR. | 034 (5/00)

Attachment
DW69113

SOUTH DIXIE ANIMAL HOSPITAL, INC.

6510 South Dixie Highway
West Palm Beach, Florida 33405
Tel: (561) 585-0097 • Fax: (561) 586-7973

July 5, 2000

To whom it may concern,

I am writing this letter to request a waiver of the late fee for filing the 2000 UBR after May 1, 2000. The second notice request was the first document I received and I am responding to it immediately. After speaking with your department, I am enclosing a check for $150.00 and am hoping you will take into consideration that I have been filing reports on a timely basis for over 10 years. Although I know that the form says it is our responsibility to get the report in regardless of whether or not we receive it on time, the $400 penalty would be a great hardship. I would greatly appreciate if the late fee can be waived.

Respectfully your,

Bruce R. Coren

Dr. Bruce R. Coren