

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004021

1. Entity Name

HERNANDO EMERGENCY ANIMAL RESPONSE TEAM, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90012 016 ****61.25

Principal Place of Business

Mailing Address

2787 SATURN ROAD
BROOKSVILLE FL 34609

2787 SATURN ROAD
BROOKSVILLE FL 34609-7027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3459797

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

NESSLER, PAUL H JR
4052 COMMERCIAL WAY
SPRING HILL FL 34606

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KEYSER, ANN M
STREET ADDRESS 2787 SATURN ROAD
CITY-ST-ZIP BROOKSVILLE FL 34609

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

TITLE ~~VD~~ ☒ Delete
NAME ~~HOBSON, JANET S~~
STREET ADDRESS ~~25454 LAKE LINDSEY ROAD~~
CITY-ST-ZIP ~~BROOKSVILLE FL 34601~~

TITLE ~~VD~~ ☐ Change ☒ Addition
NAME ~~MICHAEL WILSON~~
STREET ADDRESS ~~14310 AMERO LN.~~
CITY-ST-ZIP ~~BROOKSVILLE, FL 34609~~

TITLE SD ☐ Delete
NAME MARTIN, KIMBERLY
STREET ADDRESS 16208 PAXFORD LANE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE TD ☒ Delete
NAME DAVIS, JANINE
STREET ADDRESS 8277 CRESAP ST
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ~~TD~~ ☐ Change ☒ Addition
NAME ~~THOMAS A. AUSTIN~~
STREET ADDRESS ~~4277 HIGH CORNER RD.~~
CITY-ST-ZIP ~~BROOKSVILLE, FL 34602~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANN M. KEYSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 352-848-0830

CR2E037 (9/99)