## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 06, 2000 8:00 am DOCUMENT # P95000025718 Secretary of State 1. Entity Name ANIMAL MEDICAL CLINIC AT BEE RIDGE SQUARE, INC. 03-06-2000 90126 033 \*\*\*150.00 Principal Place of Business Mailing Address 4019 CATTLEMEN ROAD 4019 CATTLEMEN ROAD SARASOTA FL 34233 SARASOTA FL 34233-5002 MILLAIU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0568468 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBRECHT, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1550 RINGLING BLVD. SARASOTA FL 34236 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete TURNER, DAVID DR. NAME NAME **4019 CATTLEMEN ROAD** STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accurage 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 tiustee 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 attackment with an address with all of the rike empowered. 13. I hereby certify that the information s of the corporation or the receiver or t changed, or on an attachment with a empowered.

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Daytime Phone #