

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031411

1. Entity Name

MICANOPY ANIMAL HOSPITAL, P.A.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90178 037 ***150.00

Principal Place of Business

Mailing Address

306 NE US HIGHWAY 441
MICANOPY FL 32667

RT 2 BOX 296-5
MICANOPY FL 32667-9902

2. Principal Place of Business

16601 NW CR 329
Suite, Apt. #, etc.

3. Mailing Address

16601 NW CR 329
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
REDDICK, FL

City & State
REDDICK, FL

4. FEI Number
59-3470670

Applied For
Not Applicable

Zip
32686

Country
MAYAN

Zip
32686

Country
MAYAN

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

FERGUSON, BRUCE DVM
306 NE US HIGHWAY 441
MICANOPY FL 32667

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

22-FEB-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERGUSON, BRUCE DVM
306 NE US HIGHWAY 441
MICANOPY FL 32667

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22-FEB-2000 352-591-0868

CR2E034 (9/99)