

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90191 036 \*\*\*150.00

**DOCUMENT # P97000065575**

1. Entity Name

**SARA E. GESSNER, D.V.M., P.A.**

Principal Place of Business

**9901 WESTVIEW DR  
SUITE 320  
CORAL SPRINGS FL 33076  
US**

Mailing Address

**9901 WESTVIEW DR  
SUITE 320  
CORAL SPRINGS FL 33076  
US**

2. Principal Place of Business

3. Mailing Address

**11701 NW 27<sup>th</sup> Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PLANTATION Florida**

Zip

Country

Zip

Country

**33323**

**USA**

4. FEI Number

**65-0781934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KORNIK, GARY H  
2801 BISCAYNE BLVD, SUITE 505  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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, 2002 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

☐ Delete

**P  
GESSNER, SARA ELIZABETH  
9901 WESTVIEW DR, SUITE 320  
CORAL SPRINGS FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

**4/24/02**

Date

**954 935 9800**

Daytime Phone #

CR2E034 (9/01)