

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107152

1. Entity Name

MAGNOLIA ANIMAL HOSPITAL, INC.

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

01-29-2000 90093 047 ***150.00

905504



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2019 N. MAGNOLIA AVE. OCALA FL 34475	2019 N. MAGNOLIA AVE. OCALA FL 34475-9244

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

4. FEI Number	59-3484818	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KIERSTEIN, LEE E 2019 N. MAGNOLIA AVE. OCALA FL 34475

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: <i>Lee E Kierstein</i>	DATE: 1-19-00
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 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
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11. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	KIERSTEIN, LEE E
STREET ADDRESS	2019 N. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA FL 34475
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.	
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SIGNATURE: <i>Lee E Kierstein</i>	DATE: 1-19-00	DAYTIME PHONE: 352-622-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)