

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014642

1. Entity Name

KATHLEEN ANIMAL HOSPITAL, INC.

Principal Place of Business

6315 KATHLEEN RD.  
LAKELAND FL 33801

Mailing Address

6315 KATHLEEN RD.  
LAKELAND FL 33810-1943

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip  
33810-1943

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STRAUGHN, RICHARD E  
255 MAGNOLIA AVE., SW  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name  
WEIRATHER, ANTHONY D.

Street Address (P.O. Box Number is Not Acceptable)  
6315 KATHLEEN ROAD

City  
LAKELAND

FL Zip Code  
33810

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 *Anthony D. Weirather*  
Signature, typed or printed name of registered agent and title if applicable.

ANTHONY D. WEIRATHER

X DATE

3/21/00

(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, 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

TITLE  
NAME  
D  
WEIRATHER, ANTHONY DR.  
STREET ADDRESS  
6315 KATHLEEN RD.  
CITY-ST-ZIP  
LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
D  
GRIMALDI, PAUL  
STREET ADDRESS  
6315 KATHLEEN RD.  
CITY-ST-ZIP  
LAKELAND FL 33801 ☒ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP  
LAKELAND, FL 33810 ☐ Change ☐ Addition

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

TITLE  
NAME  
DIRECTOR  
WEIRATHER, PAMELA M  
STREET ADDRESS  
6315 KATHLEEN ROAD  
CITY-ST-ZIP  
LAKELAND, FL 33810 ☐ Change ☒ Addition

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

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

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

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: *Anthony D. Weirather*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY D. WEIRATHER

X DATE

3/21/00

Date

Daytime Phone #

(941)984-4123



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90074 042 \*\*\*150.00