

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90074 005 ***150.00

0025904

DOCUMENT # P98000063300

1. Entity Name

LAKEWOOD ANIMAL HOSPITAL, P.A.

Principal Place of Business

**LAFWOOD ANIMAL HOSP.
 4882 PORTAL DRIVE
 TALLAHASSEE FL 32303**

Mailing Address

**LAFWOOD ANIMAL HOSP.
 4882 PORTAL DRIVE
 TALLAHASSEE FL 32303**

2. Principal Place of Business

LAKEWOOD ANIMAL Hosp P.A.

3. Mailing Address

LAKEWOOD ANIMAL Hospital PA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3521635**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROBERTS, PAT
 106 SOUTH MONROE ST
 TALLAHASSEE FL 32302**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SIMMONS, GEORGE W	
STREET ADDRESS	2701 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLERTON, RANDY S	
STREET ADDRESS	2701 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKHEAD, SHANE M	
STREET ADDRESS	2701 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

251 355 5141

Date

Daytime Phone #

CR2E034 (10/00)