

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093993

1. Entity Name

BEVERLYHILLS ANIMAL HOSPITAL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90158 012 ***150.00

Principal Place of Business

5019 S.W. HULL AVE.
ARCADIA FL 34266

Mailing Address

5019 S.W. HULL AVE.
ARCADIA FL 34266-3829

2. Principal Place of Business

1940 Kings Highway

3. Mailing Address

1940 Kings Highway

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33980

Country

USA

Zip

33980

Country

USA

4. FEI Number

59-3544640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEVERLY, EDITH S
5019 S.W. HULL AVE.
ARCADIA FL 34266

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, 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 PD
NAME BEVERLY, EDITH S
STREET ADDRESS 5019 SW HULL AVE
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE VD
NAME BEVERLY, SONYA N
STREET ADDRESS 5019 SW HULL AVE
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE VD
NAME BEVERLY, ALEXIS E
STREET ADDRESS 5019 SW HULL AVE
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE STE
NAME BEVERLY, LLOYD J
STREET ADDRESS 5019 SW HULL AVE
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE VD
NAME SEAMANS, KAREN
STREET ADDRESS 2415 NOVA LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ 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 ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)