

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102859

1. Entity Name

HILLTOP ANIMAL HOSPITAL, P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90081 031 ***150.00

Principal Place of Business

21212 NW 210 AVE
HIGH SPRINGS FL 32643

Mailing Address

21212 NW 210 AVE
HIGH SPRINGS FL 32643

2. Principal Place of Business

16402 Highway 441 N.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

High Springs Fla.

City & State

Zip

Country

32615 USA

Country

4. FEI Number

59-3617401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILBONE, ROBERT P
21212 NW 210 AVE
HIGH SPRINGS FL 32643

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

Robert P. Dilbone Robert P. Dilbone 4-5-00

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	D	<input type="checkbox"/> Delete
NAME	DILBONE, ROBERT P	
STREET ADDRESS	21212 NW 210 AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LAURIE	
STREET ADDRESS	22024 NW 188 STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

Robert P. Dilbone Robert P. Dilbone 4-5-00 904-462-3822

CR2E034 (9/99)