

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90001 008 ***150.00

DOCUMENT # V68936

1. Entity Name

SOUTH LAKE ANIMAL CLINIC, INC.

P

Principal Place of Business

18931 SR 19
GROVELAND FL 34736

Mailing Address

18931 SR 19
GROVELAND FL 34736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3145719

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERSON, C. KENNETH
1893 SR 19
GROVELAND FL 34735

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROBERSON, C. KENNETH
18931 SR 19
GROVELAND FL 34736 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WALKER, LAURA K.
18931 SR 19
GROVELAND FL 34736 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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:

SCOTT KENNETH ROBERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

Date

Daytime Phone #

352

429-9590

CR2E034 (5/00)

V68936

DUN80/88

352-394-4048

119 W. Lemon Street
Lady Lake, Florida 32159

352-753-1337

Fax 352-753-0336

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

This corporation receives mail on a highway, S.R. 19 in Groveland. For months, someone has been stealing the mail from this mailbox. The stockholders have had their personal credit cards and mail stolen also. Several police reports have been filed also.

Therefore, the Uniform Business Report was taken from the mailbox and the stockholders did not receive any reports except for the one enclosed.

We are respectfully requesting that the penalties for late filing be abated. We will supply the police reports if you desire.

Kindly considerate this matter and please advise.

Very truly yours,

Peggy L. Abraham

PLA: wb
Enclosure

c: South Lake Animal Clinic, Inc.