2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90057 001 ****61.25

0019033

DOCUMENT # 715072

1. Entity Name

NORTHWEST FLORIDA VETERINARY MEDICAL SOCIETY, IN

Principal Place of Business	Mailing Address
GULF BREEZE ANIMAL HOSPITAL 2727 GULF BREEZE PARKWAY GULF BREEZE FL 32561 US	GULF BREEZE ANIMAL HOSPITAL 2727 GULF BREEZE PARKWAY GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Chemstrand Oaks Veterinary Hosp	Chemstrand Oaks Veterinary Hosp
Suite, Apt. #, etc.: 10229 Chemstrand Rd	Suite, Apt. #, etc.: 10229 Chemstrand Rd
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32534 Country: US	Zip: 32534 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
BERBERICH, NORMA 3469 NICHOLSON EST RD MILTON FL 32571	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELCHER, WALLACE 711 N FAIRFIELD DR PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Fair, Beverly 4102 Gulf Breeze PKwy Gulf Breeze, FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, CHERYL 2727 GULF BREEZE PKWY. GULF BREEZE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T D'Ambra, Sharon 10229 Chemstrand Rd Pensacola, FL 32534	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESCURIEX, HENRI 2727 GULF BREEZE PKWY GULF BREEZE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stewart, Jeanne 10229 Chemstrand Rd Pensacola, FL 32534	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, HARY E 402 BEVERLY PKWY PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Summerlin, David 4487 Hwy 90 Pace, FL 32571	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BERBERICH, NORMA 4487 HWY 95 PACE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Berberich, Norma 3469 Nicholson Est Rd Milton, FL 32571	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENRY, VIC 3800 CREIGHTON ROAD PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Windly Jr, Michael 470 S Hwy 29 Cantonment, FL 32533	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sharon D'Ambra 4-8-01 850-474-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #