2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90465 033 ****61.25

DOCUMENT # 716946

1. Entity Name

JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
4485 HWY 17 ORANGE PARK FL 32073	4485 HWY 17 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7432779 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'DONNELL, LINDA
4485 HWY 17
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name ROBIN CHAMBERS

Street Address (P.O. Box Number is Not Acceptable) 1767 HAWKCREST DR.

City JACKSONVILLE FL Zip Code 32259

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 Robin Chambers ROBIN A. CHAMBERS, PRES. 4/26/00
Linda O'Donnell LINDA O'DONNELL FORMER TREASURER 4/22/00
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 MARSHALL, EARL 8554 ECHORIDGE CRT JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GORDON, ROBERT 4473 SUNBEAM RD JACKSONVILLE FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODHAM, A.B. 10343 ATLANTIC BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, ALLISON 9965 SAN JOSE BLVD. JACKSONVILLE FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NASH, DWIGHT 9319 SAN JOSE BLVD JACKSONVILLE FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ MARSHALL, JOAN 8554 ECHORIDGE CRT JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T O'DONNELL, LINDA 4485 HWY 17 ORANGE PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ CHAMBERS, ROBIN ~~2120 LOU DR WEST~~ ~~JACKSONVILLE FL 32216~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT CHAMBERS, ROBIN 1767 HAWKCREST DR JACKSONVILLE FL 32259	☒ Change ☐ Addition

CR2E037 (9/99)

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 all other like empowered.

SIGNATURE: Robin Chambers 4-26-00 904-733-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #