# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2002 8:00 am**
**Secretary of State**
01-21-2002 90031 049 ****61.25

C 3530

DOCUMENT # 716946

1. Entity Name

JACKSONVILLE VETERINARY MEDICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4485 HWY 17<br>ORANGE PARK FL 32073 | 4485 HWY 17<br>ORANGE PARK FL 32073 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14333-42 Beach Blvd | 14333-42 Beach Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State: Jacksonville, FL |
| Zip: 32250 Country: USA | Zip: 32250 Country: USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| BUSINESS CATALYZER INC<br>1433342 BEACH BLVD<br>JACKSONVILLE FL 32250 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | VD<br>GORDON, ROBERT<br>4473 SUNBEAM RD<br>JACKSONVILLE FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOODHAM, A.B.<br>10343 ATLANTIC BLVD<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NASH, DWIGHT<br>9319 SAN JOSE BLVD<br>JACKSONVILLE FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARSHALL, JOAN<br>8554 ECHORIDGE CRT<br>JACKSONVILLE FL 32244 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>O'DONNELL, LINDA<br>4485 HWY 17<br>ORANGE PARK FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Dean Severidt<br>14333-42 Beach Blvd.<br>Jacksonville FL 32250 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDT<br>CHAMBERS, ROBIN<br>1767 HAWKCREST DRIVE<br>JACKSONVILLE FL 32257 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 1/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #