

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 759239**

1. Entity Name

**MARION VETERINARY MEDICAL ASSOCIATION, INC.**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 015 \*\*\*\*61.25

Principal Place of Business <b>3325 S.W. 97TH CT. OCALA FL 34481</b>	Mailing Address <b>3325 S.W. 97TH CT. OCALA FL 34481-1589</b>
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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

4. FEI Number <b>59-2106659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOKAI, M.D., DVM  
 3325 S.W. 97TH CT.  
 OCALA FL 32674**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STOOTHOFF, KEVIN 4184 N W HWY 40 OCALA FL 34481</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOKAI, MICHAEL 3325 S W 97TH CT OCALA FL 34481</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STR LOKAI, MARTHA J 3325 SW 97TH CT OCALA FL 34481</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LANE, TOM COLLEGE OF VET MED GAINESVILLE FL 32610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D DR TOM LANE 17200 SE 58th AVE SUMMERFIELD, FL 34481</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>v/p/d DR LEE KIERSTEIN 2019 N MAGNOLIA AVE OCALA, FL 34475</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D DR MICHAEL LOKAI 3325 SW 97th CT OCALA, FL 34481</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/R MARTHA J LOKAI 3325 SW 97th CT OCALA, FL 34481</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARTHA J. LOKAI **MARTHA J. LOKAI** 6/6/2000 352/2376211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)