

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90017 013 \*\*\*\*61.25

**DOCUMENT # 759239**

1. Entity Name

**MARION VETERINARY MEDICAL ASSOCIATION, INC.**

Principal Place of Business

**3325 S.W. 97TH CT.  
 OCALA FL 34481**

Mailing Address

**3325 S.W. 97TH CT.  
 OCALA FL 34481**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2106659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOKAI, M.D., DVM  
 3325 S.W. 97TH CT.  
 OCALA FL 32874**

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

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

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 17200 SE 58TH AVE OCALA FL 34481</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>KIERSTEIN, LEE P/D 2019 N MAGNOLIA AVE OCALA, FL 34470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LANE, THOMAS T/S/D 17200 SE 58TH AVE SUMMERFIELD, FL 34491</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOKAI, MARTHA J S/D 3325 SW 97TH CT OCALA, FL 34481</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LANIER, GRADY V/D 4485 SE 53RD AVE OCALA, FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

**REQUIRED**

7/20/2001 352/2376211

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DO NOT WRITE IN THIS SPACE