

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759239

1. Entity Name

MARION VETERINARY MEDICAL ASSOCIATION, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90810 005 ****61.25

0087848

Principal Place of Business

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

Mailing Address

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

B0126646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

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

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

PD
KIERSTEIN, LEE
2019 N MAGNOLIA AVENUE
OCALA FL 34470

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DR GRADY LANIER PD
4485 se 53 ave
ocala, fl 34480

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TSD
LANE, THOMAS
17200 SE 58TH AVENUE
SUMMERFIELD FL 34491

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TSD
THOMAS LANE
17200 se 58th ave
summerfield, fl 34491

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LOKAI, MARTHA J
3325 SW 97TH CT.
OCALA FL 34481

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
DR JOANN STAPLER
c/o 14015 n hwy 441
spitra, fl 32113

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
LANIER, GRADY
4485 SE 53RD AVENUE
OCALA FL 34480

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LOKAI, MARTHA J
3325 sw 97th ct
ocala, fl 34481

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ 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
REQUIRED

6/25/02 3522376211

CR2E037 (9/01)