

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90143 017 ****70.00

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1. Entity Name

FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION,

Principal Place of Business

**2015 S.W. 16TH AVE.
 GAINESVILLE FL 32610**

Mailing Address

**P.O. 100125
 GAINESVILLE FL 32610-0125**

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

59-3609357

Applied For

Not Applicable

5. Certificate of Status Desired

KX

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**BERNARD, PAMELA J
 123 TIGERT HALL
 P.O. BOX 113125
 GAINESVILLE FL 32611-3125**

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 Delete
 NAME **PD**
 STREET ADDRESS **DIPIETRO, JOSEPH A**
 CITY-ST-ZIP **2015 SW 16TH AVENUE
 GAINESVILLE FL 32610**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Berns, Kenneth I.**
 CITY-ST-ZIP **1600 SW Archer Road
 Gainesville, FL 32610**

TITLE Delete
 NAME **VD**
 STREET ADDRESS **GELATT, KIRK N**
 CITY-ST-ZIP **2015 S.W. 16TH AVE.
 GAINESVILLE FL 32610**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Poppell, John E.**
 CITY-ST-ZIP **204 Tigert Hall
 Gainesville, FL 32611-3100**

TITLE Delete
 NAME **TSD**
 STREET ADDRESS **AASEN, ROBERT B**
 CITY-ST-ZIP **2015 S.W. 16TH AVE.
 GAINESVILLE FL 32610**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Donovan, Arthur G.**
 CITY-ST-ZIP **2015 SW 16th Avenue
 Gainesville, FL 32610**

TITLE Delete
 NAME **EXVD**
 STREET ADDRESS **GRONWELL, RONALD R**
 CITY-ST-ZIP **2015 S.W. 16TH AVE.
 GAINESVILLE FL 32610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: TSD Robert B. Aasen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 (352) 392-4700 ext 3154
 Date Daytime Phone #

CR2E037 (10/00)

C 715