

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0084844

DOCUMENT # N99000006137

02-27-2002 90062 037 *****70.00

1. Entity Name

FLORIDA VETERINARY MEDICINE FACULTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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 **XX**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, full or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when recasting)

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

TITLE: D
 NAME: DONOVAN, ARTHUR G. Change Addition
 STREET ADDRESS: 2015 SW 16TH AVE.
 CITY-ST-ZIP: GAINESVILLE, FL 32610

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

TITLE: D
 NAME: HEARD, DARRYL Change Addition
 STREET ADDRESS: 2015 SW 16TH AVE.
 CITY-ST-ZIP: GAINESVILLE, FL 32610

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: BERNS, KENNETH I
 STREET ADDRESS: 1600 SW ARCHER RD.
 CITY-ST-ZIP: GAINESVILLE FL 32610

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: POPPELL, JOHN E
 STREET ADDRESS: 204 TIGERT HALL
 CITY-ST-ZIP: GAINESVILLE FL 32611-3100

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)(b), 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**

Robert B Aasen

2/8/02 (352) 392-4700 EXT 3154

Attachment Doc
 #ANN090000000039
 825189

UNIVERSITY OF FLORIDA

ACCOUNTS PAYABLE SECTION
 BUILDING 526
 Gainesville, Florida 32611

REMITTANCE ADVICE

VOUCHER
 PAYMENT No. V0488960001

DEPARTMENT OF STATE
 UNIFORM BUSINESS REPORT
 PO BOX 1500

TALLAHASSEE FL 32302

Inquiries regarding payments should be sent to the address above and reference to above Payment Voucher Number and our Purchase Order Number. The address above is NOT A SHIPPING ADDRESS, please refer to Purchase Order for shipping address.

DATE: 02/13/2002

VENDOR No. VF593466865007

INVOICE NUMBER	STATE FUND	CATEGORY	ORGL3-L5/AU	OBJECT CODE	PURCHASE ORDER No.	ITEM AMOUNT	INVOICE AMOUNT
CVM539	8312010	040000	2801301 76	499066		70.00	70.00
						V0488960001	
						TOTAL AMOUNT ---	70.00

UNIVERSITY OF FLORIDA

Attachment Doc # AN99000006139

**ACADEMIC ENRICHMENT FUNDS
PAYMENT REQUISITION No**

825189
CVM539

PAY TO: Department of State	VENDOR NO.	SOCIAL SECURITY OR FEDERAL E.I. NO. 59-3466865 007
ADDRESS: PO Box 1500	ENC/P.O. NO.	INVOICE DATE 2/8/02
Tallahassee FL	ORG. 2801301	INVOICE NO. 59-3609357
32302-1500	EO 76	OBJECT CODE 499066
	NAME OF DEPT. CHGD. Veterinary Medicine	

If this is an O.P.S. payment, indicate whether payee is a State Employee Yes No IF YES, ATTACH APPROVAL FOR DUAL EMPLOYMENT

UNIT	1) DESCRIPTION 2) BENEFIT TO THE UNIVERSITY OF FLORIDA	AMOUNT
	License and Fees State license to do business in Florida	\$70.00

COPY

	TOTAL	\$70.00
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CERTIFICATION: I certify that the payment of this invoice does not violate any part of the Board of Regents agreements; including amendments, governing expenditures of enrichment funds of the Health Center.

INDIVIDUAL RESPONSIBLE FOR EXPENDITURE Lila Pittman Lila Pittman DATE 2/8/02
Signed TYPED
Senior Accountant
(official title)

APPROVAL: We certify that all information present is factual, that this is a proper charge for goods or services received by the account indicated, and that we, the undersigned, are officially empowered to enter into such transactions on behalf of the above department.

DEPARTMENT APPROVAL Kim Bendickson Kim Bendickson DATE 2/8/02
Signed TYPED
Coordinator, Accounting
(official title)

DEAN, DIRECTOR, OR DEPARTMENT HEAD Ronald Gronwall Ronald Gronwall DATE 2-11-02
Signed TYPED
Executive Associate Dean
(official title)