

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90649 036 ****61.25

DOCUMENT # 712752

1. Entity Name

**SOUTHWEST FLORIDA VETERINARY MEDICAL ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**420 ANCHORAGE DRIVE
NOKOMIS FL 34275
US**

**420 ANCHORAGE DRIVE
NOKOMIS FL 34275
US**

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 **59-2316368**

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

**BRANDT, JAMES
420 ANCHORAGE DRIVE
NOKOMIS FL 34275**

Name **THOM A. SMITH**

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

4310 EASTERN PKWY

City **SARASOTA**

FL

Zip Code **34233**

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

Thom A. Smith **THOM A. SMITH**

3/14/02

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 **ST** ☒ Delete
NAME **PUTNAM, LAURIE**
STREET ADDRESS **4396 WINNERS CIRCLE APT 2623**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
NAME **PUTNAM, LAURIE D**
STREET ADDRESS **4396 WINNERS CIRCLE APT. 2623**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Laurie Putnam**
STREET ADDRESS **218 Laurel Hollow Dr.**
CITY-ST-ZIP **NOKOMIS, FL 34275** **(D)**

TITLE **PD** ☒ Delete
NAME **LANDES, JACK**
STREET ADDRESS **405 ALLOEE RD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **Member at Large** ☐ Change ☒ Addition
NAME **Thom Smith**
STREET ADDRESS **4310 Eastern Pkway**
CITY-ST-ZIP **Sarasota FL 34233** **(D)**

TITLE **VPD** ☐ Delete
NAME **ANDRE, EVELYN**
STREET ADDRESS **720 N TAMiami TRAIL**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **President** ☒ Change ☐ Addition
NAME **Andre, Evelyn**
STREET ADDRESS **2501 Wood Oak Dr.**
CITY-ST-ZIP **Sarasota, FL 34232** **(D)**

TITLE **MALD** ☐ Delete
NAME **HAMERSMA, HEATHER**
STREET ADDRESS **6905 CORTEZ ROAD W**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **Sec./Treasurer** ☒ Change ☐ Addition
NAME **Heather Hamersma**
STREET ADDRESS **7616 2nd Ave. W.**
CITY-ST-ZIP **Bradenton, FL 34209** **(D)**

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: *Evelyn Andre* **Evelyn Andre** **3/14/02 (941) 342-6051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0086383

CR2E037 (9/01)