

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90099 004 \*\*\*\*61.25

**DOCUMENT # 727462**

1. Entity Name  
**ALACHUA VETERINARY MEDICAL ASSOCIATION, INC.**

Principal Place of Business 2828 NW 142ND AVE GAINESVILLE FL 32609-4097 US	Mailing Address 2828 NW 142ND AVE GAINESVILLE FL 32609-4097 US
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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 **59-1450152**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DUTTON, JAMES T**  
**2828 NW 142ND AVE**  
**GAINESVILLE FL 32609**

**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 \_\_\_\_\_ (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	<b>T</b> <b>DUTTON, JAMES T</b> <b>2828 NW 142ND AVE</b> <b>GAINESVILLE FL 32609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NICOLETTI, PAUL</b> <b>2552 SW 14TH DRIVE</b> <b>GAINESVILLE FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALDERWOOD MAYS, MARON</b> <b>13703 MILL HOPPER RD</b> <b>GAINESVILLE FL 32608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>GOLDMAN, RICHARD</b> <b>4209 NW 37TH PLACE</b> <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PARATTO-WAGNER, NANETTE</b> <b>6609 SW 80TH ST</b> <b>GAINESVILLE FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLADAY, LYNN</b> <b>4227 NW 20TH ST</b> <b>GAINESVILLE FL 32605</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>NICOLETTI, PAUL</b> <b>2552 SW 14th DRIVE</b> <b>GAINESVILLE, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENFELD, CINDY</b> <b>4525 NW 45th COURT</b> <b>GAINESVILLE, FL 32606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLDMAN, RICHARD</b> <b>4209 NW 37th PLACE</b> <b>GAINESVILLE, FL 32606</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	<b>PE</b> <b>HOLLADAY, LYNN</b> <b>4227 NW 20th ST.</b> <b>GAINESVILLE, FL 32605</b>	<input checked="" 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: James T. Dutton **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 28, 2000      Daytime Phone #: 352-472-7035

CR2E037 (9/99)