

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90203 035 ****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

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

7. Name and Address of New Registered Agent

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

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: **T** Delete
 NAME: **DUTTON, JAMES T**
 STREET ADDRESS: **2828 NW 142ND AVE**
 CITY-ST-ZIP: **GAINESVILLE FL 32609**

TITLE: **PE** Change Addition
 NAME: **DUTTON, JAMES T.**
 STREET ADDRESS: **2828 NW 142ND AVE.**
 CITY-ST-ZIP: **GAINESVILLE, FL 32609**

TITLE: **DP** Delete
 NAME: **NICOLETTI, PAUL**
 STREET ADDRESS: **2552 SW 14TH DRIVE**

TITLE: **S** Change Addition
 NAME: **NICOLETTI, PAUL**
 STREET ADDRESS: **2552 SW 14TH DRIVE**

TITLE: **D** Delete
 NAME: **ROSENFELD, CINDY**
 STREET ADDRESS: **4525 NW 45TH CT**
 CITY-ST-ZIP: **GAINESVILLE FL 32606**

TITLE: **D** Change Addition

TITLE: **P** Delete
 NAME: **GOLDMAN, RICHARD**
 STREET ADDRESS: **4209 NW 37TH PLACE**
 CITY-ST-ZIP: **GAINESVILLE FL 32606**

TITLE: **DP** Change Addition
 NAME: **GOLDMAN, RICHARD**
 STREET ADDRESS: **4209 NW 37TH PLACE**
 CITY-ST-ZIP: **GAINESVILLE, FL 32606**

TITLE: **S** Delete
 NAME: **PARATTO-WAGNER, NANETTE**
 STREET ADDRESS: **6609 SW 80TH ST**
 CITY-ST-ZIP: **GAINESVILLE FL 32608**

TITLE: **T** Change Addition
 NAME: **ANDERSON, SUSAN**
 STREET ADDRESS: **P.O. Box 100126**
 CITY-ST-ZIP: **GAINESVILLE, FL 32610-0126**

TITLE: **PE** Delete
 NAME: **HOLLADAY, LYNN**
 STREET ADDRESS: **4227 NW 20TH ST**
 CITY-ST-ZIP: **GAINESVILLE FL 32605**

TITLE: **P** Change Addition
 NAME: **HOLLADAY LYNN**
 STREET ADDRESS: **4227 NW 20TH ST**
 CITY-ST-ZIP: **GAINESVILLE, FL 32608**

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, President Elect
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 904-462-7927
 Date Daytime Phone #

CR2E037 (10/00)