

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736163

1. Entity Name

AUXILIARY TO FLORIDA VETERINARY MEDICAL ASSOCIAT

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90121 038 ****61.25

Principal Place of Business

Mailing Address

7131 LAKE ELLENOR DR
ORLANDO FL 32809-5738
US

7131 LAKE ELLENOR DR
ORLANDO FL 32809-5738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-1690662

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHAFFER, DONALD N CAE
7131 LK ELLENOR DR
ORLANDO FL 32809

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	PD	<input type="checkbox"/> Delete
NAME	JONES, CAROL	
STREET ADDRESS	1586 GULF BLVD. #2609	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REYNOLDS, BARBARA	
STREET ADDRESS	780 CAPE VIEW DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOCKMAN, KENNETH	
STREET ADDRESS	4935 29TH LANE E.	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIBIDEAU, CATHI	
STREET ADDRESS	1314 NORMANDY CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAGLER, LUCINDA	
STREET ADDRESS	PO BOX 851	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 KNIGHTS RUN AVE #516	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Some address	
CITY-ST-ZIP		
TITLE	TD: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH LACKMAN	
STREET ADDRESS	4935 29th LN East	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)