

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736759 (2)**  
1. Corporation Name  
**UNIVERSITY OF FLORIDA VETERINARY AUXILIARY, INCORPORATED**



Principal Place of Business

Mailing Address

**3636 NW 24 PL  
GAINESVILLE FL 32605  
US**

**3636 NW 24 PL  
GAINESVILLE FL 32605  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/07/1976**

3a. Date of Last Report

**04/05/1995**

4. FEI Number

**51-0203870**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ROWE, CHERYL  
3636 NW 24 PL  
GAINESVILLE FL 32605**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE

NAME **ROWE, CHERYL**  
STREET ADDRESS **3636 NW 24 PL**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **PD** ☒ DELETE

NAME **GIBBS, CHRIS**  
STREET ADDRESS **3650 NW 30 PL**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **VD** ☐ DELETE

NAME **NICOLETTI, EARLENE**  
STREET ADDRESS **2552 SW 14 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **RSD** ☒ DELETE

NAME **CHENOWETH, LEE**  
STREET ADDRESS **31131 NW 9 PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **SD** ☒ DELETE

NAME **BLOOMBERG, ANN**  
STREET ADDRESS **RT 2 BOX 2085 N/A**  
CITY-ST-ZIP **MELROSE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **TD/VD** ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE **PD** ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE **SD/RSD** ☐ Change ☒ Addition

62 NAME **LISA HAWKINS**  
63 STREET ADDRESS **10251 SW 56TH LANE**  
64 CITY-ST-ZIP **GAINESVILLE, FL 32608**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Cheryl Ann Rowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 1, 1996 (352) 392-4887*  
Date Daytime Phone #

CR2E037 (12/95)