

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2552 S.W. 14TH DR
GAINESVILLE FL 32608
US

2552 S.W. 14TH DR.
GAINESVILLE FL 32608
US

2. Principal Place of Business

21 3636 NW 24th PL
Suite, Apt. #, etc.

22 City & State
23 GAINESVILLE, FL

24 Zip 32605
25 Country

2a. Mailing Address

26 3636 NW 24th PL
Suite, Apt. #, etc.

27 City & State
28 GAINESVILLE, FL

29 Zip 32605
30 Country

9. Name and Address of Current Registered Agent

NICOLETTI, EARLENE
2552 S.W. 14TH DR.
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

09/07/1976

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CHERYL ANN ROWE

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

3636 NW 24th PL

83

84 City

GAINESVILLE, FL

85 Zip Code

32605

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 Cheryl Ann Rowe CHERYL ANN ROWE, TREASURER 7/9/98
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 PD ☒ DELETE
NAME ROWE, CHERYL
STREET ADDRESS 3636 N.W. 24 PL
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE T ☒ DELETE
NAME NICOLETTI, EARLENE
STREET ADDRESS 2552 S.W. 14TH DR.
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE SDRS ☐ DELETE
NAME LISA HAWKINS
STREET ADDRESS 10251 SW 55TH LANE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ALICE P. NEILSON
1.3 STREET ADDRESS 2552 SW 14th DR
1.4 CITY-ST-ZIP GAINESVILLE, FL 32608-2042

2.1 TITLE T ☒ Change ☐ Addition
2.2 NAME CHERYL ANN ROWE
2.3 STREET ADDRESS 3636 NW 24th PL
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605-2626

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME JOAN DROST
4.3 STREET ADDRESS 2105 NW 15th AVE
4.4 CITY-ST-ZIP GAINESVILLE, FL 32605

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 300002591353
6.3 STREET ADDRESS -07/17/98--01008--014
6.4 CITY-ST-ZIP ***\$1.25

14. 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 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

Date

Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)