

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90135 039 ****61.25

DOCUMENT # 736759

1. Corporation Name

UNIVERSITY OF FLORIDA VETERINARY AUXILIARY, INCORPORATED

Principal Place of Business

3636 N.W. 24TH PLACE
GAINESVILLE FL 32605
US

Mailing Address

3636 N.W. 24TH PLACE
GAINESVILLE FL 32605
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

City & State

28

City & State

24

City & State

29

City & State

25

Country

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, CHERYL ANN
3636 N.W. 24TH PLACE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NEILSON, ALICE P
STREET ADDRESS 2552 S.W. 14TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32608-2042

1.1 TITLE PD
1.2 NAME DROST, JOAN
1.3 STREET ADDRESS 2105 NW 15TH AVENUE
1.4 CITY-ST-ZIP GAINESVILLE, FL 32605
☒ Change ☐ Addition

TITLE T
NAME ROWE, CHERYL ANN
STREET ADDRESS 3636 N.W. 24TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32608-2042

2.1 TITLE T
2.2 NAME ROWE, CHERYL ANN
2.3 STREET ADDRESS 3636 N.W. 24TH PLACE
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605
☒ Change ☐ Addition

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

3.1 TITLE SDRS
3.2 NAME GIBBS, CHRISTINE
3.3 STREET ADDRESS 3650 NW 30TH PL
3.4 CITY-ST-ZIP GAINESVILLE, FL 32605
☒ Change ☐ Addition

TITLE VP
NAME DROST, JOAN
STREET ADDRESS 2105 N.W. 15TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605

4.1 TITLE VP
4.2 NAME BRAUN, LIZ
4.3 STREET ADDRESS 10029 SW 44TH LANE
4.4 CITY-ST-ZIP GAINESVILLE, FL 32608
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 (352) 375-5326
Date Daytime Phone #

CR2E037 (11/98)