

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738125

1. Entity Name

VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC. ✓

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90040 009 ****61.25

Principal Place of Business

Mailing Address

932 MASON AVE.
 DAYTONA BEACH FL 32117
 US

932 MASON AVE.
 DAYTONA BCH. FL 32117
 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

NOT APPLICABLE

Applied For

Not Applicable

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

LANGFORD, GARY
 932 MASON AVENUE
 DAYTON BEACH FL 32117

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

After September 13, 2000 min. will be \$236.25

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 Delete
 NAME PD
 LONG, K. KELLY
 STREET ADDRESS 51 CONTERBURY WOODS
 CITY-ST-ZIP ORMOND BCH. FL 32720

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 RIPPEY, WILLIAM JR
 STREET ADDRESS 1961 S. RIDGEWOOD AVENUE
 CITY-ST-ZIP S. DAYTONA FL 32119

TITLE Change Addition
 NAME Susan Long VD
 STREET ADDRESS 51 Conterbury Woods
 CITY-ST-ZIP Ormond Bch, FL 32720

TITLE Delete
 NAME S
 LANGFORD, GARY
 STREET ADDRESS 932 MASON AVENUE
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 BASS, JOHN
 STREET ADDRESS 5833 S. RIDGEWOOD AVENUE
 CITY-ST-ZIP PORT ORANGE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 BREWER, GLENN
 STREET ADDRESS 1727 N. HIGHWAY 15-A
 CITY-ST-ZIP DELAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

G. Langford SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 August 2000 904 255 1407

Date

Daytime Phone #

CR2E037 (5/00)