

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738125

1. Entity Name

VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.

LA

APPROVED AND FILED

01 SEP 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP

Principal Place of Business 932 MASON AVE. DAYTONA BEACH FL 32117 US	Mailing Address 932 MASON AVE. DAYTONA BCH. FL 32117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANGFORD, GARY
932 MASON AVENUE
DAYTON BEACH FL 32117

7. Name and Address of New Registered Agent

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 G. Langford
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME PD LONG, K. KELLY	STREET ADDRESS 51 CONTERBURY WOODS	CITY-ST-ZIP ORMOND BCH. FL 32720 <input type="checkbox"/> Delete
TITLE NAME VD LONG, SUSAN	STREET ADDRESS 51 CONTER BARY LANI	CITY-ST-ZIP ORMOND BEACH FL 32720 <input type="checkbox"/> Delete
TITLE NAME S LANGFORD, GARY	STREET ADDRESS 932 MASON AVENUE	CITY-ST-ZIP DAYTONA BEACH FL <input type="checkbox"/> Delete
TITLE NAME D BASS, JOHN	STREET ADDRESS 5833 S. RIDGEWOOD AVENUE	CITY-ST-ZIP PORT ORANGE FL <input type="checkbox"/> Delete
TITLE NAME D BREWER, GLENN	STREET ADDRESS 1727 N. HIGHWAY 15-A	CITY-ST-ZIP DELAND FL <input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****61.25 *****61.25

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 Date Daytime Phone #

CR2E037 (10/00)