

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90071 022 ****61.25

DOCUMENT # 762970

1. Entity Name

COLLIER COUNTY VETERINARY SOCIETY, INC.



Principal Place of Business

C/O GULFSHORE ANIMAL HOSPITAL
3560 TAMiami TRAIL N
NAPLES FL 34103
US

Mailing Address

C/O GULFSHORE ANIMAL HOSPITAL
3560 TAMiami TRAIL N
NAPLES FL 34103
US

50018079



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

All Creatures AH

3. Mailing Address

11212 Tamiami Trail

City & State

Naples, FL

4. FEI Number

59-2327319

Applied For

Not Applicable

Zip

Country

Zip

Country

34110

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALL, DAVID R D.V.M.
C/O GULFSHORE ANIMAL HOSPITAL
3560 TAMiami TRAIL N
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Holladay, Lynn DVM

Street Address (P.O. Box Number is Not Acceptable)
11212 Tamiami Trail

City Naples

FL

Zip Code 34110

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, VICTOR	
STREET ADDRESS	573 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALL, DAVID	
STREET ADDRESS	3560 TAMiami TRAIL, N.	
CITY-ST-ZIP	NAPLES FL 33960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, DAVID C	
STREET ADDRESS	11363 S. US 41	
CITY-ST-ZIP	NAPLES FL	
TITLE	president	<input type="checkbox"/> Delete
NAME	Lynn Holladay	
STREET ADDRESS	11212 Tamiami Trail	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	Vicepresident	<input type="checkbox"/> Delete
NAME	Randy Eisel	
STREET ADDRESS	2171 Pine Ridge Rd	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lynn Holladay

2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #