

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91011 003 ****70.00

DOCUMENT # 763978

1. Entity Name

EASTERN STATES VETERINARY ASSOCIATION, INC.

Principal Place of Business

**4421 NW 39TH AVE
 BLDG 1-A
 GAINESVILLE FL 32606
 US**

Mailing Address

**4421 NW 39TH AVE.
 BUILDING 1 - A
 GAINESVILLE FL 32606
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2243237

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
 200 LAURA ST.
 JACKSONVILLE FL 32202**

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

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. ☐

**\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STD	RIPIE, EARL H J	6717 CRESCENT BLVD. RT 130	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		PENNSAUKEN NJ								
	D	GRAMBOW, RICHARD	3705 W. GENESEE STREET	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		SYRACUSE NY								
	VD	DEBOWES, RICHARD	KANSAS STATE UNIVERSITY, VMTH	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		MANHATTAN KS 66506								
	PD	SIGMON, BETSY	1600 E WILLIAMS ST	<input type="checkbox"/> Delete		D	SIGMON BETSY	1600 E WILLIAMS ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		APEX NC					APEX NC			
	VD	LITTLE, CHARLOTTE	1961 KEITH LANE	<input type="checkbox"/> Delete		P D	LITTLE, CHARLOTTE	1961 KEITH LANE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		GRAFTON WI					GRAFTON WI			
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E037 (10/00)

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:

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

4/27/01
 Date

352 375-5672
 Daytime Phone #

~~Attachment~~

837398

Doc. # 763978

2001 Uniform Business Report (UBR)
Additional Page

Eastern States Veterinary Association, Inc

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Linda Jacobson, DVM		
Street address	291 Kings Highway		
City,State,Zip	Brooklyn, NY 11223		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Ralph E Barrett, DVM		
Street address	4990 Manzanilla Ave		
City,State,Zip	Carmichael, CA 95608		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Don Harris, DVM		
Street address	12125 S Dixie HWY		
City,State,Zip	Miami, FL 33156		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Phillipe Moreau, DVM		
Street address	1, Rue Pierre Brossolette		
City,State,Zip	87000 Limoges, France		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Neill P Overman		
Street address	425 Phillips Blvd		
City,State,Zip	Trenton, NJ 08618		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Colin F Burrows		
Street address	3930 NW 33rd Place		
City,State,Zip	Gainesville, FL 32606		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	David Senior		
Street address	10528 Magnolia Lake Ave		
City,State,Zip	Baton Rouge, LA 70810		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Fairfield T Bain		
Street address	4250 Iron Works Pike		
City,State,Zip	Lexington, KY 40511		