

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90062 024 ***150.00

DOCUMENT # H93635

1. Entity Name
MCKELVIE, GALE, AND ASSOCIATES D.V.M. P.A.

Principal Place of Business 920 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990	Mailing Address 920 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990-3074
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-2626021	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKELVIE, MILTON J., D.V.M.
920 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete MCKELVIE, MILTON J.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	920 COUNTRY CLUB BLVD	NAME	
STREET ADDRESS	CAPE CORAL FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> Delete GALE, ANDREW J III	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	920 COUNTRY CLUB BLVD	NAME	
STREET ADDRESS	CAPE CORAL FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete WHITFORD, CHARLES	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	920 COUNTRY CLUB BLVD	NAME	
STREET ADDRESS	CAPE CORAL FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete KROLL, WILLIAM	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	920 COUNTRY CLUB BLVD	NAME	
STREET ADDRESS	CAPE CORAL FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete <i>Whitford, Whitney</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>920 Country Club Blvd</i>	NAME	
STREET ADDRESS	<i>Cape Coral, FL</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)