

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 002 ****70.00

DOCUMENT # N97000002087

1. Entity Name

UNIVERSITY OF FLORIDA STUDENT CHAPTER OF THE
AMERICAN VETERINARY MEDICAL ASSOCIATION, INC.



Principal Place of Business

UNIVERSITY OF FL. COLLEGE OF VETERINA
MEDICINE BUILDING
GAINESVILLE FL 32610-0125

Mailing Address

P.O. BOX 125361
GAINESVILLE FL 32610



2. Principal Place of Business - No P.O. Box #

P.O. Box 105608

3. Mailing Address

P.O. Box 105608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

51-0214946

Applied For

Not Applicable

Zip

32610

Country

U.S.A.

Zip

32610

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIER, JENNIFER
1060 SW 14TH AVE. E
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Kelly Sears

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

4027 SW 28th Ter

City

Gainesville

FL

Zip Code

32608

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:

Kelly Sears

3/4/08

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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: PRES
NAME: BIER, JENNIFER
STREET ADDRESS: 1060 SW 14TH AVE. APT. E
CITY-ST-ZIP: GAINESVILLE FL 32601 ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Pres
NAME: Sears, Kelly
STREET ADDRESS: 4027 SW 28th Ter
CITY-ST-ZIP: Gainesville, FL 32608 ☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Kelly Sears Kelly Sears

3/4/08