

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90019 003 ***150.00

DOCUMENT # P93000012754

1. Entity Name

MARCO VETERINARY ASSOCIATION, INC.

Principal Place of Business

12410 N.W. U.S. HWY. 27
 OCALA FL 34482

Mailing Address

12410 N.W. U.S. HWY. 27
 OCALA FL 34482-1097

2. Principal Place of Business

10855 NW US Hwy 27
 Suite, Apt. #, etc.
 Ocala, FL
 City & State

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3170504**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST.
1800 FIRST UNION NATIONAL BANK TOWER
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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE	
STREET ADDRESS	4540 SW 46TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BLOOMER, ROBERT J.	
STREET ADDRESS	10855 NNW US HWY 27	
CITY-ST-ZIP	OCALA FL	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	CLEMENTS, BOB R	
STREET ADDRESS	12410 N.W. U.S. HWY. 27	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Robert J. Bloomer Robert J. Bloomer DVM 3/08/00 352-620-8700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #