

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 010 ****61.25
 05-21-2000 90008 035 ***150.00

DOCUMENT # 275094

1. Entity Name

DAVIDSON DRUGS, INC.

Principal Place of Business

Mailing Address

**1281 S TAMiami TRAIL
 SARASOTA FL 34239**

**1281 S TAMiami TRAIL
 SARASOTA FL 34239-2200**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1028695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, JOHN B
 8324 SANDERLING RD
 SARASOTA FL 34242**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **DAVIDSON, JOHN B, JR**
 STREET ADDRESS: **8324 SANDERLING RD**
 CITY - ST - ZIP: **SARASOTA, FL 00000**

TITLE: Delete
 NAME: **DAVIDSON, ROBERT**
 STREET ADDRESS: **1586 EASTBROOK DRIVE**
 CITY - ST - ZIP: **SARASOTA FL**

TITLE: Delete
 NAME: **DAVIDSON, JOHN B**
 STREET ADDRESS: **8324 SANDERLING RD**
 CITY - ST - ZIP: **SARASOTA, FL 00000**

TITLE: Delete
 NAME: **DAVIDSON, RICHARD**
 STREET ADDRESS: **1222 POINT CRIPS ROAD**
 CITY - ST - ZIP: **SARASOTA, FL 00000**

TITLE: Delete
 NAME: **DAVIDSON, SUZANNE**
 STREET ADDRESS: **8324 SANDERLING RD**
 CITY - ST - ZIP: **SARASOTA, FL 00000**

TITLE: Change Addition
 NAME: **CHAIRMAN**
 STREET ADDRESS: **JOHN B. DAVIDSON**
 CITY - ST - ZIP: **8324 SANDERLING ROAD**
SARASOTA, FL 34242

TITLE: Change Addition
 NAME: **PRESIDENT**
 STREET ADDRESS: **DAVIDSON, RICHARD**
 CITY - ST - ZIP: **1222 POINT CRISP ROAD**
SARASOTA, FL 34242

TITLE: Change Addition
 NAME: **VP - PHARMACY**
 STREET ADDRESS: **WAITER L. EDGERTON**
 CITY - ST - ZIP: **558 SILK OAK DRIVE**
VENICE, FL 34293

TITLE: Change Addition
 NAME: **VICE PRESIDENT**
 STREET ADDRESS: **JEANN BACON**
 CITY - ST - ZIP: **5515 BRIARCLIFF DRIVE**
SARASOTA, FL - 34232

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 an authorized agent or other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-00 941-365-1515

Daytime Phone #