

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90016 027 ***150.00

DOCUMENT # 293854

1. Entity Name

CHEEK REXALL PHARMACY INC

Principal Place of Business

**EVANS SQUARE. P.O. BOX 5020
 CROSS CITY FL 32628**

Mailing Address

**EVANS SQUARE. P.O. BOX 5020
 CROSS CITY FL 32628**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1104408**

Applied For

Not Applicable

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

**DAVIES, DAN R. CPA
 535 DELANNOY AVE.
 COCOA FL 32922**

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, 2001 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 **PD** ☐ Delete
 NAME **BOATWRIGHT, JOHN II**
 STREET ADDRESS **RT 2 COUNTY ROAD 354**
 CITY-ST-ZIP **MAYO FL**

TITLE ☒ Change ☐ Addition
 NAME **BOATRIGHT, JOHN II**
 STREET ADDRESS **RT. 2 BOX 660 COUNTY ROAD 354**
 CITY-ST-ZIP **MAYO, FL 32066**

TITLE **S** ☐ Delete
 NAME **LAMB, MELODY**
 STREET ADDRESS **100 COTTER AVENUE**
 CITY-ST-ZIP **CROSS CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **ROLLISON, MELODY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CHEEK, SPURGEON,**
 STREET ADDRESS **RT 351 NORTH**
 CITY-ST-ZIP **CROSS CITY FL**

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

TITLE **D** ☒ Delete
 NAME **HARTWELL, BRENDA CHEEK**
 STREET ADDRESS **6013 NW 37TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE **D** ☐ Delete
 NAME **HARTWELL, BRENDA C**
 STREET ADDRESS **9525 SW 75TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPURGEON CHEEK

03-02-01 (352) 498-3342

Date

Daytime Phone #

CR2E034 (10/00)

0471917