

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90055 007 ***150.00

DOCUMENT # 567267

1. Entity Name

FLORIDA PHARMACY JOURNAL, INC.

Principal Place of Business 610 N. ADAMS STREET TALLAHASSEE FL 32301	Mailing Address 610 N. ADAMS STREET TALLAHASSEE FL 32301
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806694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1845552**

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

**JACKSON, MICHAEL A
610 NO ADAMS STREET
TALLAHASSEE FL 32301**

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)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	S ZAENGER, PEGGY A PHARM 2708 SAINT JOHNS AVE JACKSONVILLE FL 32205	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	DT TUELL, KEN 737-C POINTE C TALLAHASSEE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DT KENNETH TUELL 220 ELMCREST DRIVE HOLLYSPRINGS, NC 27540
<input type="checkbox"/> Delete	MD JACKSON, MICHAEL A 6440 JUSTIN GRANT TRAIL TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	C ASTLE, BETTY 747 TIMUQUANA LANE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C ELIZABETH ASTLE 1611 SPARKLING COURT DUNEDIN, FL 34698
<input type="checkbox"/> Delete	VD DALIN, GAREY 4030 LANSINE AVE COOPER CITY FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V D DALIN, GARY 4030 LANSING AVE COOPER CITY, FL 33026
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Michael A. Jackson **MICHAEL A. JACKSON** 1/3/2001 (850) 222-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)