

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90875 001 ****61.25

DOCUMENT # NO1000008919

1. Entity Name

PINELLAS PHARMACIST ASSOCIATION, INC.

Principal Place of Business

**9357 BLIND PASS ROAD APT #202
 ST PETE BEACH FL 33706**

Mailing Address

**PO BOX 40243
 ST PETERSBURG FL 33743**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALZER, LARRY J
 9357 BLIND PASS ROAD APT #202
 ST PETE BEACH FL 33706**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **WINTERS, RUIE A III**
 STREET ADDRESS **1772 BIARRITZ CIRCLE**
 CITY-ST-ZIP **TARPON SPRINGS FL 36498**

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

TITLE **D** ☐ Delete
 NAME **HOFFMAN, DENNIS**
 STREET ADDRESS **13300 92ND AVE NORTH**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **D** ☐ Delete
 NAME **ECKSTEIN, NGA**
 STREET ADDRESS **329 BATH CLUB BLVD SOUTH**
 CITY-ST-ZIP **N REDINGTON BEACH FL 33708**

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

TITLE **D** ☐ Delete
 NAME **MEIGGS, BONNIE**
 STREET ADDRESS **12585 74TH AVE NORTH**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **D** ☐ Delete
 NAME **SALZER, LARRY J**
 STREET ADDRESS **9357 BLIND PASS ROAD APT #202**
 CITY-ST-ZIP **ST PETE BEACH FL 33706**

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

TITLE **D** ☐ Delete
 NAME **MONACO, PHILIP**
 STREET ADDRESS **1719 MANDALAY DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry J Salzer
LARRY J. SALZER

4/18/2002 (727) 363-1441
 Date Daytime Phone #

CR2E037 (9/01)