2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90181 016 ****61.25

0085713

DOCUMENT # N01000008919

1. Entity Name
PINELLAS PHARMACIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9357 BLIND PASS ROAD APT #202 ST PETE BEACH FL 33706	PO BOX 40243 ST PETERSBURG FL 33743

☒ CHECK HERE IF MAKING CHANGES

SOLC-06

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~~ 59-3038781 ☐ 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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Larry J. Salzer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 2/17/03

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTERS, RUIE A III 1772 BIARRITZ CIRCLE TARPON SPRINGS FL 36498	☒ Delete	PRESIDENT MICHELE LENNOX 5431 STAG THICKET LANE PALM HARBOR, FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, DENNIS 13300 92ND AVE NORTH SEMINOLE FL 33776	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKSTEIN, NGA 329 BATH CLUB BLVD SOUTH N REDINGTON BEACH FL 33708	☒ Delete	VICE PRESIDENT ZAGAMI, PAUL 1006 FIRST STREET INDIAN ROCKS BEACH, FL 33785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEIGGS, BONNIE 12585 74TH AVE NORTH SEMINOLE FL 33776	☐ Delete	SECRETARY MEIGGS, BONNIE 12585 74 AVE NORTH SEMINOLE, FL 33776	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALZER, LARRY J 9357 BLIND PASS ROAD APT #202 ST PETE BEACH FL 33706	☐ Delete	TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONACO, PHILIP 1719 MANDALAY DRIVE TARPON SPRINGS FL 34689	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Larry J. Salzer LARRY J. SALZER TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR