

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040386

1. Entity Name

PRIORITYHEALTHCARE.COM, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90170 008 ***150.00

Principal Place of Business

Mailing Address

~~285 WEST CENTRAL PARKWAY SUITE 1719~~
~~ALTAMONTE SPRINGS FL 32714~~

~~285 WEST CENTRAL PARKWAY SUITE 1719~~
~~ALTAMONTE SPRINGS FL 32714-2579~~

2. Principal Place of Business

250 technology park

3. Mailing Address

250 technology park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 124

Suite 124

City & State

City & State

Lake Mary, FL

Lake Mary, FL

Zip

Zip

Country

Country

32746

Seminole

32746

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3573515

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

LUTTRELL, BARBARA J

~~285 WEST CENTRAL PARKWAY SUITE 1719~~
~~ALTAMONTE SPRINGS FL 32714~~

Name

Street Address (P.O. Box Number is Not Acceptable)

250 technology park, Suite 124

City

Lake Mary, FL

FL

Zip Code

32746

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 D MYERS, ROBERT L
STREET ADDRESS 285 WEST CENTRAL PARKWAY SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME 250 technology park, Suite 124
STREET ADDRESS
CITY-ST-ZIP LAKE Mary, FL 32746

TITLE ☐ Delete
NAME D PERFETTO, DONALD J
STREET ADDRESS 285 WEST CENTRAL PARKWAY SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME D LUTTRELL, BARBARA J
STREET ADDRESS 285 WEST CENTRAL PARKWAY SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME D COSLER, STEVEN D
STREET ADDRESS 285 WEST CENTRAL PARKWAY SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

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:

Barbara J. Luttrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Luttrell

1-17-00

Date

407-804-6772

Daytime Phone #

CR2E034 (9/99)