

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290364

1. Entity Name

THOMAS DRUG STORE, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90027 038 \*\*\*158.75

Principal Place of Business

Mailing Address

COR HWY 300/309

WELAKA FL 32189

US

1125 N SUMMIT ST  
CRESCENT CITY FL 32112-1721  
US

2. Principal Place of Business

1125 N. SUMMIT ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRESCENT CITY, FL

City & State

Zip

32112

Country

US

Zip

Country

4. FEI Number

59-1089030

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

PICKENS, JOE H.  
222 N 3RD ST  
PALATKA FL 32177

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, 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	D	<input type="checkbox"/> Delete
NAME	FLETCHER, WARREN D	
STREET ADDRESS	CEDAR COVE, ROUTE 309	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BALL, THOMAS	
STREET ADDRESS	STRICKLER ROAD	
CITY-ST-ZIP	LAKE COMO FL 32157	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FRAZER, NORMA	
STREET ADDRESS	148 FLORIDIAN CLUB RD	
CITY-ST-ZIP	WELAKA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, DAVID G.	
STREET ADDRESS	Rt. 1, Box 785	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, JAMES R.	
STREET ADDRESS	4538 SE 4TH PLACE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, KENNETH R.	
STREET ADDRESS	Rt. 1, Box 699	
CITY-ST-ZIP	STARKE, FL 32091	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	?	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Norma Frazer* NORMA FRAZER

4/17/00

(904) 698-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)