

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293052

1. Entity Name

CHARLES PHARMACY INC

Principal Place of Business

1481 BERRYHILL RD.  
MILTON FL 32570-1008

Mailing Address

1481 BERRYHILL RD.  
MILTON FL 32570-4008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARCHETA VANLANDINGHAM  
6253 WILLARD NORRIS RD.  
MILTON FL 32570

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME VANLANDINGHAM, CHARLES F  
STREET ADDRESS 6253 WILLARD NORRIS RD.  
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE VD  
NAME WILLIAMS, OSWELL JR  
STREET ADDRESS 5341 BISHOP RD.  
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE MDS  
NAME VANLANDINGHAM, MARCHETA  
STREET ADDRESS 6253 WILLARD NORRIS RD  
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE TD  
NAME WILLIAMS, ELAINE  
STREET ADDRESS 5341 BISHOP RD.  
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: *Charles F. Vanlandingham* CHARLES F. VANLANDINGHAM 4/21/00 850-623-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-28-2000 90067 024 \*\*\*150.00

60078046



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1095372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)