

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 346766

1. Entity Name

YOUR PHARMACY, INC.

Principal Place of Business

656 N E 125TH ST
NORTH MIAMI FL 33161

Mailing Address

12490 NE 7TH AVE
SUITE 200
N MIAMI FL 33161
US

2. Principal Place of Business

655 N.E. 143rd ST.

3. Mailing Address

655 N.E. 143rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number 59-1262781

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

SHAFOR, GORDON F.
655 NE 143RD ST
N. MIAMI FL 33161

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, 2001 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 D ☐ Delete
NAME SHAFOR, GORDON F.
STREET ADDRESS 655 N.E. 143RD STREET
CITY-ST-ZIP N. MIAMI FL

TITLE P ☐ Delete
NAME SHAFOR, RUSSELL E
STREET ADDRESS 3008 DUNEDIN CT
CITY-ST-ZIP OLD HICKORY FL 37138

TITLE SD ☐ Delete
NAME SHAFOR, STEVEN, L
STREET ADDRESS 1800 N.E. 114TH ST., APT. 1406
CITY-ST-ZIP N. MIAMI FL

TITLE T ☐ Delete
NAME SHAFOR, MARY A
STREET ADDRESS 3008 DUNEDIN CT
CITY-ST-ZIP OLD HICKORY FL 37138

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

P. ~~SHAFOR~~ RUSSELL E ☒ Change ☐ Addition
2221 CASTLEWOOD DRIVE
FRANKLIN, TN 37064

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

T SHAFOR, MARY A ☒ Change ☐ Addition
2221 CASTLEWOOD DRIVE
FRANKLIN, TN 37064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0200519