

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 371535

1. Entity Name

ANDREWS DRUGS OF LAKE BUTLER, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90109 009 \*\*\*150.00

Principal Place of Business

Mailing Address

395 W MADISON ST  
STARKE FL 32091  
US

395 W MADISON ST  
STARKE FL 32091-3923  
US

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

59-1312321

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

ANDREWS, JOHN H.  
1252 S WALNUT ST  
STE B  
STARKE FL 32091

Name

ANDREWS, JOHN H.

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

395 W. MADISON ST.

City

STARKE

FL

Zip Code

32091

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ANDREWS, L E	RT 4 BOX 1038	STARKE FL	<input type="checkbox"/>	<input type="checkbox"/>
	PD			<input type="checkbox"/>	<input type="checkbox"/>
	ANDREWS, JOHN H	395 W MADISON ST	STARKE FL 32091	<input type="checkbox"/>	<input type="checkbox"/>
	S			<input type="checkbox"/>	<input type="checkbox"/>
	ANDREWS, BRENDA	395 W MADISON ST	STARKE FL 32091	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Brenda Andrews* HRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 904-964-3011

CR2E034 (9/99)