

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90075 048 \*\*\*150.00

**DOCUMENT # 371535**

1. Entity Name

**ANDREWS DRUGS OF LAKE BUTLER, INC.**

Principal Place of Business

**395 W MADISON ST  
 STARKE FL 32091  
 US**

Mailing Address

**395 W MADISON ST  
 STARKE FL 32091  
 US**

2. Principal Place of Business

**Rt. 4 Box 2060**

Suite, Apt. #, etc.

**Lake Butler, FL.**

City & State

**Zip  
 32054**

Country

**Union**

3. Mailing Address

**Rt 4 Box 2060**

Suite, Apt. #, etc.

**Lake Butler, FL.**

City & State

**Zip  
 32054**

Country

**Union**



DO NOT WRITE IN THIS SPACE

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

**ANDREWS, JOHN H.  
 395 W. MADISON ST  
 STARKE FL 32091**

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, 2002 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          | V                                     | <input type="checkbox"/> Delete |
| NAME           | ANDREWS, L E                          |                                 |
| STREET ADDRESS | RT 4 BOX 1038                         |                                 |
| CITY-ST-ZIP    | STARKE FL                             |                                 |
| TITLE          | PD                                    | <input type="checkbox"/> Delete |
| NAME           | ANDREWS, JOHN H                       |                                 |
| STREET ADDRESS | 395 W MADISON ST Rt 4 Box 2060        |                                 |
| CITY-ST-ZIP    | STARKE FL 32091 Lake Butler, FL 32054 |                                 |
| TITLE          | S                                     | <input type="checkbox"/> Delete |
| NAME           | ANDREWS, BRENDA                       |                                 |
| STREET ADDRESS | 395 W MADISON ST Rt 4 Box 2060        |                                 |
| CITY-ST-ZIP    | STARKE FL 32091 Lake Butler, FL 32054 |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**COLEMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02**

Date

**386-496-3473**

Daytime Phone #

CR2E034 (9/01)