

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90097 038 ***150.00

DOCUMENT # 394754
1. Entity Name
BOCA RATON COMMUNITY PHARMACY, INC.



Principal Place of Business

~~801 MEADOWS RD~~
~~BOCA RATON FL 33486~~

Mailing Address

~~801 MEADOWS RD~~
~~BOCA RATON FL 33486~~

2. Principal Place of Business

11820 NW 37 ST.

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip
33065

Country

USA

City & State

Zip

Country

4. FEI Number

59-1377240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OVERMEYER, GEORGE J

11820 NW 37 ST

CORAL SPRINGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **HOSKIN, NORMAN J**
STREET ADDRESS **11820 NW 37 ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **STD** ☒ Delete

NAME **DELMAN, JERRY**
STREET ADDRESS **20100 BOCA WEST DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ Delete

NAME **CEFARATTI, JAMES P**
STREET ADDRESS **11820 NW 37 ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DT** ☐ Delete

NAME **OVERMEYER, GEORGE J**
STREET ADDRESS **11820 NW 37 ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition

NAME **OVERMEYER, GEORGE J.**
STREET ADDRESS **11820 NW 37 ST.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GEORGE J. OVERMEYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)