

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90005 006 \*1,058.75

DOCUMENT # 446121

1. Corporation Name

BENTLEY PHARMACEUTICALS, INC.

Principal Place of Business

4830 W KENNEDY BLVD  
#548  
TAMPA FL 33609-2517  
US

Mailing Address

4830 W KENNEDY BLVD  
#548  
TAMPA FL 33609-2517  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1974

4. FEI Number

59-1513162

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 Two Urban Centre  
Suite, Apt. #, etc.

22 4890 W. Kennedy Blvd, #400  
City & State

23 Tampa, FL

24 33609 Country

25 USA

2a. Mailing Address

26 Two Urban Centre  
Suite, Apt. #, etc.

27 4890 W. Kennedy Blvd, #400  
City & State

28 Tampa, FL

29 33609 Country

30 USA

9. Name and Address of Current Registered Agent

PRICE, MICHAEL D  
4830 W KENNEDY BLVD  
STE 548  
TAMPA FL 33609-2517

10. Name and Address of New Registered Agent

81 Name

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

Two Urban Centre

83 4890 W. Kennedy Blvd, #400

84 City

Tampa

FL

85 Zip Code

33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME MURPHY JAMES R  
STREET ADDRESS 4830 W KENNEDY BLVD, #548  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME STOTE, ROBERT M  
STREET ADDRESS 4830 W KENNEDY BLVD, #548  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME ARNEGGAR, RANDOLPH W  
STREET ADDRESS 4830 W KENNEDY BLVD, #548  
CITY-ST-ZIP TAMPA FL

TITLE VSTD ☐ DELETE

NAME PRICE, MICHAEL D  
STREET ADDRESS 4830 W KENNEDY BLVD, #548  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME BOLLING, CL  
STREET ADDRESS 4830 W KENNEDY BLVD 548  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME MCGOVERN, M  
STREET ADDRESS 4830 W KENNEDY BLVD 548  
CITY-ST-ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME GYUNIK, Robert J  
3.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
3.4 CITY-ST-ZIP TAMPA FL 33609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Bolling, CL  
5.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 4890 W. Kennedy Blvd, #400  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 (1/98)