

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735242

1. Entity Name

FLORIDA ASSOCIATION OF DRUG WHOLESALERS, INC.

APPROVED
AND
FILED

00 JUN -9 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1632 SIR HENRY'S TRAIL
LAKELAND, FL 33809
US

1632 SIR HENRY'S TRAIL
LAKELAND, FL 33809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1655463

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAPORTE, GARY

1632 SIR HENRY'S TRAIL
LAKELAND, FL 33809

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

GARY LAPORTE GARY LAPORTE, PRESIDENT

4-19-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME LAPORTE, GARY
STREET ADDRESS 1632 SIR HENRY'S TRAIL
CITY-ST-ZIP LAKELAND, FL 33809

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

TITLE D ☐ Delete
NAME WALKER, REX H
STREET ADDRESS 2702 DIRECTORS ROW
CITY-ST-ZIP ORLANDO, FL

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

TITLE D ☐ Delete
NAME HARPER, BILL
STREET ADDRESS 2702 DIRECTORS ROW
CITY-ST-ZIP ORLANDO, FL

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

TITLE D ☐ Delete
NAME PARDO, PETER V. JR.
STREET ADDRESS 915 CHAD LANE
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition
NAME 100003321421-3
STREET ADDRESS -07/13/00--01002--003
CITY-ST-ZIP *****113.75 *****113.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100003321421--3
STREET ADDRESS -07/13/00--01002--004
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

GARY LAPORTE GARY LAPORTE

4-19-2000

Date

Daytime Phone #

CR2E037 (9/99)

02/20/99 90126 023 6125