

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006383

1. Entity Name

PHARMERICA DRUG SYSTEMS, INC.

FILED

00 JAN 18 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
175 KELSEY LANE
TAMPA FL 33619
US

Mailing Address
4000 METROPOLITAN DR.
ORANGE CA 92868-3510

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1198121

Applied For
Not Applied

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 32334

Name

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

100003111311-7

-01/26/00--0114--001

City

****150.00 PL ****150.00

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	C BANK, DAVID R 5111 ROGERS AVENUE #40-A FORT SMITH AR 72919-0155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDRICKSON, BOYD W 5111 ROGERS AVENUE #40-A FORT SMITH AR 72919-0155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RENSCHLER, C ARNOLD 175 KELSEY LANE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC GERLACH, JERRY 175 KELSEY LANE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDMOND, DAVID 175 KELSEY LANE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JOHNSON, CURT 175 KELSEY LANE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Charles J. Carpenter 175 Kelsey Lane Tampa FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***EVP, CLO & Sec. Milan A. Sawdeh 4000 metropolitan Dr. Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Eric J. Schmitt 4000 metropolitan Dr. Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Milan A. Sawdeh 4000 metropolitan Dr. Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Milan A. Sawdeh

1/10/00

Date

714. 385. 4000

Daytime Phone #

SP