

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91258 001 \*\*\*450.00

**DOCUMENT # K03112**

1. Entity Name

**PHARMACIST PREFERRED, INC.**

Principal Place of Business

**369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

Mailing Address

**369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

**72537**

2. Principal Place of Business

**3375-I Capital Cir, NE  
Suite, Apt. #, etc.**

3. Mailing Address

**3375-I Capital Cir, NE  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

4. FEI Number

**59-3019781**

Applied For

Not Applicable

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, ERIC  
3001 NW 7TH ST.  
MIAMI FL 33125**

7. Name and Address of New Registered Agent

**Dan Fucarino  
3375-I Capital Circle, NE  
Tallahassee FL 32308**

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, 2001 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	CD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ERIC	
STREET ADDRESS	3001 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, GEORGE	
STREET ADDRESS	141 E. HIBISCUS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUCARINO, DAN	
STREET ADDRESS	1025 LAKE CARROLL WAY	
CITY-ST-ZIP	TAMPA FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Burnside	
STREET ADDRESS	3375-I Capital Circle, NE	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Tanner Minney	
STREET ADDRESS	3375-I Capital Circle, NE	
CITY-ST-ZIP	Tallahassee, FL 32308	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/01 850-650-0000**

Date

Daytime Phone #

CR2E034 (10/00)