

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000000986

1. Entity Name
WELAKA PHARMACY, L.L.C.

00 APR 22 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1125 NORTH SUMMIT STREET~~
~~CRESCENT CITY FL 32112~~

Mailing Address

1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112-1721



2. Principal Place of Business

698 3rd AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELAKA FL

City & State

4. FEI Number

59-3520637

Applied For

Not Applicable

Zip

-32193

Country

US

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

FRAZER, NORMA
1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

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.

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 \$50.00
Make Check Payable to Department of State

200003246062--6
-05/10/00--01009--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME FLETCHER, WARREN D
STREET ADDRESS 1125 NORTH SUMMIT STREET
CITY- ST- ZIP CRESCENT CITY FL 32112 ☐ Delete

TITLE MGR
NAME FRAZER, NORMA J
STREET ADDRESS 1125 NORTH SUMMIT STREET
CITY- ST- ZIP CRESCENT CITY FL 32112 ☐ Delete

TITLE MGR
NAME BREHM, WADE
STREET ADDRESS 2700 POST OAK BLVD.
CITY- ST- ZIP HOUSTON TX 77056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Norma J. Frazer SIGNATURE REQUIRED NORMA J. FRAZER (MANAGER) 4/13/00 (904) 698-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0010018 AF

CR2E083 (9/99)