

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000986**

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

Principal Place of Business

**698 3RD AVENUE  
WELAKA FL 32193**

Mailing Address

**1125 NORTH SUMMIT STREET  
CRESCENT CITY FL 32112-1721**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3520637**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

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**

**400004161584--6  
-05/08/01--01041--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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* **NORMA J. FRAZER** 4/12/01 (904) 698-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 24 AM 10:52



DO NOT WRITE IN THIS SPACE

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