

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90373 031 ****55.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 **William E. Butler**

Street Address (P.O. Box Number is Not Acceptable)
1125 N. SUMMIT ST.

City **CRESCENT CITY**

FL

Zip Code
32112

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

William E. Butler

WILLIAM E. BUTLER

4/23/02

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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 **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR S** ☐ Change ☒ Addition
NAME **WILLIAM E. BUTLER**
STREET ADDRESS **229 KIRKWOOD AVE**
CITY-ST-ZIP **POMONA PARK, FL 32181**

TITLE **VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

William E. Butler

WILLIAM E. BUTLER

4/23/02

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)