

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031999 SP

**DOCUMENT #** L99000001094  
**1. Entity Name**  
 U.S. 1 OFFICE AND DISTRIBUTION CENTER, L.L.C.

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 512 WASHINGTON STREET      512 WASHINGTON STREET  
 ORLANDO FL 32801      ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 One Independent Dr.      One Independent Dr.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 200      Suite 200  
 City & State      City & State  
 Jacksonville, FL      Jacksonville, FL  
 Zip      Country      Zip      Country  
 32202      USA      32202      USA

**4. FEI Number** 59-3565110      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TOOMEY, RICHARD J  
 512 WASHINGTON STREET  
 ORLANDO FL 32801

**7. Name and Address of New Registered Agent**  
 Name: William G. Evans  
 Street Address (P.O. Box Number is Not Acceptable): One Independent Drive  
 Suite 200  
 City: Jacksonville, FL      Zip Code: 32202

**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 G. Evans*      DATE: 4/30/01  
Signature typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

000004316340--1  
 -05/25/01--01017--011  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAYMEADOWS BUSINESS CENTER, L.L.C. 512 WASHINGTON STREET ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAMI MCKESSON INC. 3 WORLD FINANCIAL CENTER, 12TH FLOOR NEW YORK NY 10285 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Baymeadows Business Center LLC One Independent Drive, Ste 200 Jacksonville, FL 32202 <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
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

**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 G. Evans*      DATE: 4/30/01      (904) 356-1978  
Signature and typed or printed name of signing managing member, manager, or authorized representative.      Date      Daytime Phone #

CR2E083 (11/00)