

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004647

1. Entity Name
SUNCOAST PHARMACY OF BOYNTON BEACH, LLC

FILED

01 JAN 29 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~9060 KIMBERLY BOULEVARD~~
BOCA RATON FL 33434

Mailing Address
9060 KIMBERLY BOULEVARD
BOCA RATON FL 33434

2. Principal Place of Business
8280 JOG ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

City & State

4. FEI Number **APPLIED FOR**
65-0937012

Applied For
Not Applicable

Zip
33437

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432
412 Change to

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 412

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ACKERMAN, HOWARD
9060 KIMBERLY BOULEVARD
BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003624094--9
-02/02/01--01034--002
*****50.00 ☐ Change ☐ Addition

TITLE
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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:

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

Date

Daytime Phone #

1-11-01 561-488-5600

CR2E083 (11/00)