

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-06-2002 90014 046 ****61.25

DOCUMENT # NO1000006469

1. Entity Name

RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1349 OLD VILLAGE RD.
TALLAHASSEE FL 323121349 OLD VILLAGE RD.
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 POWERS, JAMES B
 1349 OLD VILLAGE RD.
 TALLAHASSEE FL 32312

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐
\$5.00 May Be
 Added to Fees

 Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

 TITLE ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS DAVID TEMPLEMAN
 CITY-ST-ZIP 2561 N. NORMAN AVE
 NEW SMYRNA BCH, FL 32168

 TITLE ☐ Delete
 NAME V. PRESIDENT
 STREET ADDRESS MITCH DAVIS
 CITY-ST-ZIP 1477 FALCON CT.
 JACKSONVILLE, FL 32259

 TITLE ☐ Delete
 NAME SECRET/TREASURER
 STREET ADDRESS CHARLES TITORPE
 CITY-ST-ZIP 5351 BAYWATER DR.
 TAMPA, FL 33615

 TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS KEN THOMPSON
 CITY-ST-ZIP 8900 N.W. 34TH AVE
 GAINESVILLE, FL 32606

 TITLE ☐ Delete
 NAME BOB MILLER EX. DIR.
 STREET ADDRESS 318 SHADON BAY BLVD. NO.
 CITY-ST-ZIP LONGWOOD, FL 32779

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 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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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)