

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90133 022 \*\*\*\*61.25

**DOCUMENT # NO1000006469**

1. Entity Name

**RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**318 SHADOW BAY BLVD. N.**

3. Mailing Address

**P.O. Box 915726**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Longwood, Fla.**

City & State

**Longwood, Fla.**

Zip

**32791-5726**

Country

**U.S.A.**

Zip

**32791-5726**

Country

**U.S.A.**

4. FEI Number

**APPLIED FOR**

**04-3626719**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Bob Miller**  
Street Address (P.O. Box Number is Not Acceptable)  
**318 SHADOW BAY BLVD. N.**  
City **Longwood** **FL** Zip Code **32791**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert Miller*

(NOTE: Registered Agent signature required when reinstating)

**1/23/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TEMPLEMAN, DAULD</b>	
STREET ADDRESS	<b>2981 NORDMAN AVE</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MITCH</b>	
STREET ADDRESS	<b>1977 FALCON CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>THORPE, CHARLES</b>	
STREET ADDRESS	<b>5351 BAYWATER DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, KEN</b>	
STREET ADDRESS	<b>8800 NW 39TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, BOB</b>	
STREET ADDRESS	<b>318 SHADOW BAY BLVD N</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID TEMPLEMAN</b>	
STREET ADDRESS	<b>1200 North St</b>	
CITY-ST-ZIP	<b>New Smyrna Beach FL 32168</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

**1/23/03**

**407-257-6606**

CR2E037 (10/02)