

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18740

1. Entity Name

PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 1487  
ELFERS FL 34680  
US

Mailing Address

P. O. BOX 1487  
ELFERS FL 34680-1487  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2758857

Applied For

Not Applicable

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

BERGEMANN, DONALD A  
214 HOLLOW OAK CT.  
TARPON SPRINGS FL 34689

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BENNER, JIN  
STREET ADDRESS 4604 ROWE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34608

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

TITLE T ☐ Delete  
NAME DARCY, MICHAEL  
STREET ADDRESS 1324 DINSMORE CT  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE VD ☐ Delete  
NAME ZARENIA, HARDCASTLE  
STREET ADDRESS 18438 BOOMING RD  
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE D ☐ Delete  
NAME BUTTACAVOLI, MIKE  
STREET ADDRESS 8021 MOONLIGHT LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34610

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

TITLE D ☐ Delete  
NAME KACZMARCZYK, CHRIS  
STREET ADDRESS 13164 JESSICA DR  
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE D ☐ Delete  
NAME GERAGHTY, PATRICK  
STREET ADDRESS 5443 LOS PALOS DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ 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: *Michael Darcy* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

727-372-8431

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90057 036 \*\*\*\*61.25

C0018915



DO NOT WRITE IN THIS SPACE