

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90328 004 \*\*\*\*70.00

DOCUMENT # N18740

1. Entity Name

PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1487  
ELFERS FL 34680  
US

P. O. BOX 1487  
ELFERS FL 34680  
US

2. Principal Place of Business

3. Mailing Address

PO BOX 15375

PO BOX 15375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, FL

Spring Hill, FL

Zip

Country

Zip

Country

34604

USA

34604

USA

4. FEI Number

59-2758857

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGEMANN, DONALD A  
214 HOLLOW OAK CT.  
TARPOON 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 VD  
NAME HAINES, RONALD  
STREET ADDRESS 13566 RUJD LOOP  
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

TITLE I  
NAME PD HAINES, RONALD  
STREET ADDRESS 13566 RUJD LOOP  
CITY-ST-ZIP Spring Hill, FL 34609 ☒ Change ☐ Addition

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

TITLE VD  
NAME KOLBASINSKI, EDWARD  
STREET ADDRESS 13113 Dan La Ct  
CITY-ST-ZIP Spring Hill, FL 34609 ☒ Change ☐ Addition

TITLE D  
NAME SIEVERS, JOHN  
STREET ADDRESS 406 RUSK CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

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

TITLE  
NAME Treasurer James Benner  
STREET ADDRESS 1017 Florian Way  
CITY-ST-ZIP Spring Hill, FL 34609 ☒ Change ☒ Addition

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

TITLE  
NAME Bergemann, Donald A  
STREET ADDRESS 214 Hollow Oak Ct  
CITY-ST-ZIP Tarpon Springs, FL 34689 ☐ Change ☒ Addition

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

TITLE  
NAME Norfleet, Ken  
STREET ADDRESS 90 Ponce De Leon Blvd.  
CITY-ST-ZIP Brooksville, FL 34601 ☐ Change ☒ Addition

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

James M Benner 4/11/2002 (352)666-2006

Date Daytime Phone #

CR2E037 (9/01)