

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90270 027 ****61.25

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DOCUMENT # N18740

1. Entity Name

PASCO-HERNANDO PHARMACY ASSOCIATION, INC.



Principal Place of Business

**P. O. BOX 15375
SPRING HILL FL 34604
US**

Mailing Address

**P. O. BOX 15375
SPRING HILL FL 34604
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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAINES, RONALD	
STREET ADDRESS	13566 RUID LOOP	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOLBASIUR, EDWARD	
STREET ADDRESS	13113 DARLA CT	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEVERS, JOHN	
STREET ADDRESS	406 RUSK CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNER, JAMES	
STREET ADDRESS	1017 FLORIAN WAY	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D BERGEMANN	<input type="checkbox"/> Delete
NAME	BENJAMIN, DONALD A	
STREET ADDRESS	214 HOLLOW OAK CT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D NORFLEET	<input type="checkbox"/> Delete
NAME	NORFLEET, KEN	
STREET ADDRESS	90 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLBASIUK, EDWARD	
STREET ADDRESS	13113 Darla Ct	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, RONALD	
STREET ADDRESS	13566 RUID LOOP	
CITY-ST-ZIP	SPRING HILL FL 34609	
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: *James M. Benner* **REQUIRED**

4/15/03 (352) 684-3643

CR2E037 (10/02)