

DOCUMENT # N93000001973

1. Entity Name
BROWARD COUNTY PHARMACISTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
4909 ADAMS ST 4909 ADAMS ST
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD FL 33021

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.
SIGNATURE *Alan Katz* 1/4/01
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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVERMAN, EMANUEL		NAME		
STREET ADDRESS	493 NW 101ST AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDMAN, GERALD		NAME		
STREET ADDRESS	2725 CAYENNE AVE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEET, DANIEL T		NAME		
STREET ADDRESS	PO BOX 612225 N/A		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33261		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, ALAN		NAME		
STREET ADDRESS	4909 ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Alan Katz* REQUIRED 1/4/01 954 748-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90094 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)