

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000005714**1. Entity Name
CENTRAL FLORIDA PHARMACY ASSOCIATION CORP.Principal Place of Business
685 WYCKLIFFE PLACE
WINTER SPRINGS FL 32708
Mailing Address
685 WYCKLIFFE PLACE
WINTER SPRINGS FL 327082. Principal Place of Business
304 SANDPIPER COURT
Suite, Apt. #, etc.
3. Mailing Address
5703 RED BUG LAKE RD PMB 281
Suite, Apt. #, etc.City & State
CASSELBERRY FL
City & State
WINTER SPRINGS FLZip
32707
Country
US
Zip
32708
Country
US4. FEI Number
59-3601615
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
US**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 **SPIEGEL & UTRERA, P.A.****08/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME PRICE ELIZABETH		
STREET ADDRESS 685 WYCKLIFFE PLACE		
CITY-ST-ZIP WINTER SPRINGS FL 32708		
NAME MEEHAN NANCY		<input type="checkbox"/> Delete
STREET ADDRESS 685 WYCKLIFFE PLACE		
CITY-ST-ZIP WINTER SPRINGS FL 32708		
NAME HOPKINS HAROLD		<input type="checkbox"/> Delete
STREET ADDRESS 685 WYCKLIFFE PLACE		
CITY-ST-ZIP WINTER SPRINGS FL 32708		
NAME SPEARS W JJR.		<input type="checkbox"/> Delete
STREET ADDRESS 685 WYCKLIFFE PLACE		
CITY-ST-ZIP WINTER SPRINGS FL 32708		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME PRICE ELIZABETH			
STREET ADDRESS 304 SANDPIPER COURT			
CITY-ST-ZIP CASSELBERRY FL 32707			
NAME REYES IDABELLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 304 SANDPIPER COURT			
CITY-ST-ZIP CASSELBERRY FL 32707			
NAME PHILLIPS MARY		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 304 SANDPIPER COURT			
CITY-ST-ZIP CASSELBERRY FL 32707			
NAME ROSADO CARMEN T		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 304 SANDPIPER COURT			
CITY-ST-ZIP CASSELBERRY FL 32707			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(f), 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: Carmen T. Rosado

PD

08/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)