

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006336

1. Entity Name
ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOT ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 039 ****61.25

Principal Place of Business Mailing Address
 211 WEST CHARLOTTE AVENUE 211 WEST CHARLOTTE AVENUE
 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3129 TAMiami TRAIL **3129 TAMiami TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT D1 **UNIT D1**

City & State City & State
PORT CHARLOTTE, FL **PORT CHARLOTTE, FL**
 Zip Zip Country Country
33952 **33952** **USA** **USA**

4. FEI Number Applied For
65-0958642 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERRARA, THOMAS F
211 WEST CHARLOTTE AVENUE
PUNTA GORDA FL 33950

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARA, THOMAS 1744 LOS ALAMOS DRIVE PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, ELIZABETH T 1620 APPIAN DRIVE PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, DAVID J 2049 BIG PASS LANE PUNTA GORDA FL 33952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRENE JONES 304 CORRIENTES CIRCLE PUNTA GORDA, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD B. McELROY 1937 NUREMBERG BLVD. PUNTA GORDA, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAY DURANDETTO 1179 RIZZO ST. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA LICASTRO 2395 HARBOR BLVD A311 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE BURKE 2735 LUNA COURT PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLIE ALLEN 3006 CARING WAY #604 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: THOMAS F. FERRARA **7/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

941 766-9570