

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572231

DOCUMENT # P00000015964

1. Entity Name  
OAKLAND PARK CVS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 11:44

Principal Place of Business  
ONE CVS DR.  
WOONSOCKET RI 02895

Mailing Address  
ONE CVS DR.  
WOONSOCKET RI 02895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number 65-1022032  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Applicable)  
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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!** After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSWAY, CHARLES C ONE CVS DR. WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DANIEL C ONE CVS DR. WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKOWSKY, ZENON P ONE CVS DR. WOONSOCKET RI 02895	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Thomas Ryan One CVS Drive Woonsocket, RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawrence J. Zigerelli One CVS Drive Woonsocket RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Zenon P. Lankowsky One CVS Dr Woonsocket RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Larry D. Solberg One CVS Dr Woonsocket RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Melanie K. Luker One CVS Dr Woonsocket RI 02895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie K. Luker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary  
(401) 770-3565

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)

AD