

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000038623**

1. Entity Name

Polk City Pharmacy, Inc. ✓

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90096 038 ***150.00

80038663

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

4506 L.B. McLeod Rd.

3. Mailing Address

P.O. Box 53-6576

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3250370

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32853-6576

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen P. Griggs	
STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet L. Ziomek	
STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N. Scott Novell	
STREET ADDRESS	4506 L.B. McLeod Rd., Suite F	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Levin	
STREET ADDRESS	910 Ridgebrook Road	
CITY-ST-ZIP	Sparks, MD 21152	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marshall Elkins	
STREET ADDRESS	910 Ridgebrook Road	
CITY-ST-ZIP	Sparks, MD 21152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Scott Novell 2/14/00 407-841-2115

Date

Daytime Phone #

CR2E034 (9/99)