

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086789

1. Entity Name

DOYEN MEDIPHARM, INC.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90087 025 \*\*\*150.00

Principal Place of Business

Mailing Address

625 MCCUE ROAD  
LAKELAND FL 33801-3254  
US

625 MCCUE ROAD  
LAKELAND FL 33815-3281  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3280917

Applied For

Not Applicable

Zip 33815

Country

Zip

Country

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

BERISWILL, MARTIN  
625 MCCUE ROAD  
LAKELAND FL 33801-3254

Name

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

City

FL

Zip Code

33815

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 P/D ☐ Delete  
NAME BERISWILL, MARTIN  
STREET ADDRESS 625 MCCUE ROAD  
CITY-ST-ZIP LAKELAND FL 33801-3254

TITLE V/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ZIP 33815

TITLE T/D ☐ Delete  
NAME WARD, GREG  
STREET ADDRESS 625 MCCUE ROAD  
CITY-ST-ZIP LAKELAND FL 33801-3254

TITLE V/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ZIP 33815

TITLE S/D ☐ Delete  
NAME JOHNSON, RAY  
STREET ADDRESS 520 SPEEDWELL AVE.  
CITY-ST-ZIP MORRIS PLAINS NJ 07950-2126

TITLE P/D/T ☒ Change ☐ Addition  
NAME JOHNSON, RAY  
STREET ADDRESS 625 MCCUE RD  
CITY-ST-ZIP LAKELAND FL 33815

TITLE M/C ☐ Delete  
NAME ISAACS, ALAN  
STREET ADDRESS CAVENDISH HOUSE CAMBRIDGE RD.  
CITY-ST-ZIP BARTON, CAMBRIDGE ENGLAND CB3-7AR

TITLE C/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)