

2001 UNIFORM BUSINESS REPORT (UBR)

0572245

DOCUMENT # P99000096112

1. Entity Name

SEMINOLE CVS, INC.

FILED
SECRETARY OF STATE
JANUARY 2002

01 APR 30 AM 11:09

Principal Place of Business

Mailing Address

ONE CVS DR.
WOONSOCKET RI 02895

ONE CVS DR.
WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3613596

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

(NOT)

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
Make Check Payable to Department of State

FEE IS \$150.00
If Fee will be \$550.00
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 PD
NAME CONAWAY, CHARLES C
STREET ADDRESS ONE CVS DR.
CITY-ST-ZIP WOONSOCKET RI 02895 ☒ Delete

TITLE PD
NAME Thomas Ryan
STREET ADDRESS One CVS Drive
CITY-ST-ZIP Woonsocket, RI 02895 ☒ Change ☐ Addition

TITLE VPSD
NAME LANKOWSKY, ZENON P
STREET ADDRESS ONE CVS DR.
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004212730-8
-05/11/01--01122--001
10050.00 **150.00

TITLE T
NAME SOLBERG, LARRY
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

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

TITLE AS
NAME LUKER, MELANIE
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that n
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

AD

CR2E034 (10/00)