2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90012 014 ****61.25

DOCUMENT # 727714

1. Entity Name

EPIC COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US	88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 Old Dixie Highway	1400 Old Dixie Highway
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: C
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1502582 ☐ 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
GREENOUGH PATRICIA 88 RIBERIA STREET SUITE 300 ST. AUGUSTINE FL 32084	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 Patricia Greenough — Patricia Greenough — 3/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORTON, TOM 961 LEW BLVD SAINT AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, WILLIAM 231 CIRCLE DRIVE EAST ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHRISTINE, ALEX 25 RIBERIA ST ST AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLLACK, NATHAN 581 16TH ST ST AUGUSTINE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FLOYD PHILLIPS 625 CR 13 SOUTH ST. AUGUSTINE, FL. 32092	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M GREENOUGH, PATRICIA 88 RIBERIA STREET SUITE 300 ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BELL, H J 3 VERSAGGI DR SAINT AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☒ Change ☐ Addition

CR2E037 (10/00)

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: Patricia Greenough — Patricia Greenough 3/1/01 — 904-829-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #