

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90210 012 ***150.00

0504661

DOCUMENT # P95000036313

1. Entity Name
MCCREARY CORPORATION

Principal Place of Business Mailing Address
700 CENTRAL PARKWAY 700 CENTRAL PARKWAY
STUART FL 34994 STUART FL 34994

813739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3318934** Applied For
 Not Applicable

Zip 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

BYERS, JOHN R
225 WATER STREET, STE 1400
JACKSONVILLE FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE MCCREARY, W T 700 CENTRAL PKWY STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, WILLIAM R 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, MARKES 9714 SAN JOSE BOULEVARD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mueller, Markus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, JEAN 700 CENTRAL PARKWAY STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS BYERS, JOHN R 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BOWEN, PATRICK M 700 CENTRAL PARKWAY STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, CEO <input checked="" 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 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: Kim D. Thorpe Kim D. Thorpe 2/8/01 (904) 354-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

FPIC INSURANCE GROUP, INC.

Doc# P95000036313
Stamp# 813739

February 7, 2001

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: McCreary Corporation (P95000036313)

Dear Sir/Madam:

Enclosed for filing is the 2001 Uniform Business Report for McCreary Corporation, together with our check in the amount of \$150.00 representing the required filing fee.

Please call me if you have any questions.

Sincerely,



Peggy Parks
Assistant Secretary/
Director of Paralegal Services

Enclosure (Check No. 013958)

#P95000636313
Stamp# 813739

**CONTINUATION
OF
NUMBER 11 AND 12**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Rader, David L. 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	D Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202	Title- Name St. Address City-ST-Zip	D, V, AS
Title Name St. Address City-ST-Zip	V <input checked="" type="checkbox"/> Delete Davis, James 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V Spano, Mark 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V McCreary, Michael 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V Palmer, Clark 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	AS <input checked="" type="checkbox"/> Delete Parks, Peggy A. 225 Water Street, Suite 225 Jacksonville, FL 32202		