

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727714

1. Entity Name

EPIC COMMUNITY SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90066 008 ****61.25

Principal Place of Business

Mailing Address

88 RIBERIA STREET
300
ST. AUGUSTINE FL 32084
US

88 RIBERIA STREET
300
ST. AUGUSTINE FL 32084-4304
US

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 59-1502582

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

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 **D** ☒ Delete
NAME **SMOLEK, GARY**
STREET ADDRESS **4010 LEWIS SPEEDWAY #299**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **TOM MORTON**
STREET ADDRESS **961 LEW BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **P** ☐ Delete
NAME **ROBINSON, WILLIAM**
STREET ADDRESS **231 CIRCLE DRIVE EAST**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CHRISTINE, ALEX**
STREET ADDRESS **25 RIBERIA ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **POLLACK, NATHAN**
STREET ADDRESS **581 16TH ST**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **GREENOUGH, PATRICIA**
STREET ADDRESS **88 RIBERIA STREET SUITE 300**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE **D** ☒ Delete
NAME **CROYLE, SUSAN**
STREET ADDRESS **524 N HORSESHOE**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **H. JEFF BELL**
STREET ADDRESS **3 VERSAGGI DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32084**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director 3/10/00 904-829-2273

Date

Daytime Phone #