

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90089 030 \*\*\*\*61.25

**DOCUMENT # 727714**

1. Entity Name  
**EPIC COMMUNITY SERVICES, INC.**



Principal Place of Business

**1400 OLD DIXIE HIGHWAY  
ST. AUGUSTINE FL 32084  
US**

Mailing Address

**1400 OLD DIXIE HIGHWAY  
ST. AUGUSTINE FL 32084  
US**

**30013370**



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**

**GREENOUGH, PATRICIA  
1400 OLD DIXIE HIGHWAY  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>P</b>	<b>MORTON, TOM</b>	<b>961 LEW BLVD SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/>	<b>D</b>	<b>MORTON, TOM</b>	<b>961 LEW BLVD ST. AUGUSTINE, FL 32084</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>T</b>	<b>CANAN, PATRICK T</b>	<b>43 CINCINNATI STREET SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/>	<b>VP</b>	<b>CANAN, PATRICK T</b>	<b>43 CINCINNATI STREET ST. AUGUSTINE, FL 32084</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>CHRISTINE, ALEX</b>	<b>25 RIBERIA ST ST AUGUSTINE FL 32084</b>	<input checked="" type="checkbox"/>	<b>T</b>	<b>MORRISSEY, PATRICK</b>	<b>828 ANASTASIA BLVD ST. AUGUSTINE, FL 32080</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>PHILLIPS, FLOYD</b>	<b>625 CR 13 SOUTH SAINT AUGUSTINE FL 32092</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>M</b>	<b>GREENOUGH, PATRICIA</b>	<b>1400 OLD DIXIE HIGHWAY SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>VP</b>	<b>BELL, H J</b>	<b>3 VERSAGGI DR SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/>	<b>P</b>	<b>BELL, H JEFF</b>	<b>120 STATE ROAD 312 WEST St. Augustine, FL 32086</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

CR2E037 (10/02)

SIGNATURE:

*Patricia Greenough*

1/10/03