

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293182

1. Entity Name

FLORIDA COMBINED INSURANCE AGENCY, INC.

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 049 ***150.00

Principal Place of Business

Mailing Address

8665 BAYPINE RD.
SUITE 200
JACKSONVILLE FL 32256

8665 BAYPINE RD.
SUITE 200
JACKSONVILLE FL 32256-7559

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 59-1098056

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

PIES, HARVEY E.
532 RIVERSIDE AVE.
JACKSONVILLE FL 32231

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

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, 2000 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 V ☐ Delete
NAME SIMMONS, D. RANDEL
STREET ADDRESS 1667 HIGHLAND VIEW COURT
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE D ☐ Delete
NAME CASONE, MICHAEL JR
STREET ADDRESS 8022 JAMES ISLAND TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE S ☐ Delete
NAME KAMMER, RANDY M
STREET ADDRESS 3382 BOWERS LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE VT ☐ Delete
NAME PALLAIS, ROBERT A.
STREET ADDRESS 12460 LYDIA WOODS COURT
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE PD ☐ Delete
NAME LIPTAK, WALTER T.
STREET ADDRESS 3205 OLD BARN COURT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME GRANTHAM, L. JOSEPH
STREET ADDRESS 6497 RIVER POINT DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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:

SIGNATURE Robert A. Pallais, VP & Treasurer

2/3/00

(904)828-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)