

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 293182**

1. Entity Name

**FLORIDA COMBINED INSURANCE AGENCY, INC.****FILED****Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90067 022 \*\*\*150.00

0023222

Principal Place of Business <b>8665 BAYPINE RD. SUITE 200 JACKSONVILLE FL 32256</b>	Mailing Address <b>8665 BAYPINE RD. SUITE 200 JACKSONVILLE FL 32256</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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)  
**4800 Deerwood Campus Parkway**

City

**FL**Zip Code  
**32246**

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	<b>SIMMONS, D. RANDEL</b>	<b>1667 HIGHLAND VIEW COURT</b>	<b>ORANGE PARK FL 32073</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	<b>CASCONI, MICHAEL JR</b>	<b>8022 JAMES ISLAND TRAIL</b>	<b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	<b>KAMMER, RANDY M</b>	<b>3382 BOWERS LANE</b>	<b>JACKSONVILLE FL 32257</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VT	<b>PALLAIS, ROBERT A.</b>	<b>12460 LYDIA WOODS COURT</b>	<b>JACKSONVILLE FL 32258</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	<b>LIPTAK, WALTER T.</b>	<b>3205 OLD BARN COURT</b>	<b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	<b>GRANTHAM, JOSEPH L</b>	<b>6497 RIVER POINT DR</b>	<b>GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert A. Pallais

2/14/01  
Date

(904) 828-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)

Attachment  
 D# 293182  
 623779

FLORIDA COMBINED INSURANCE AGENCY, INC.  
 Officers and Directors (Continued)

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT CHRIS DOERR	Name	
Street Address	8031 ACORN RIDGE RD	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	OUGH, SIDNEY W.	Name	
Street Address	4368 BANKS ROAD	Street Address	
City-St-Zip	MIDDLEBURG FL 32068	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	MYERS, GARY R	Name	
Street Address	312 ROYAL TERN ROAD S.	Street Address	
City-St-Zip	PONTE VEDRA BCH FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT I LUFRANO	Name	
Street Address	8113 MIDDLE FORK WAY	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BRODY, CHARLES E	Name	
Street Address	24408 HARBOUR VIEW DR	Street Address	
City-St-Zip	PONTE VEDRA FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BAGNI, BRUCE N.	Name	
Street Address	2307 GREENSIDE COURT	Street Address	
City-St-Zip	PONTE VEDRA FL 32082	City-St-Zip	
Title		Title	S <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add
Name		Name	HORNE, SUZANNE
Street Address		Street Address	12876 PLUMMER GRANT ROAD
City-St-Zip		City-St-Zip	JACKSONVILLE FL 32258