

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 036 ***150.00

DOCUMENT # 293182

1. Entity Name
FLORIDA COMBINED INSURANCE AGENCY, INC.

Principal Place of Business
5011 GATE PARKWAY, BLDG 200, SUITE 400
JACKSONVILLE FL 32256

Mailing Address
5011 GATE PARKWAY, BLDG 200, SUITE 400
JACKSONVILLE FL 32256

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HORNE, SUZANNE
4800 DEERWOOD CAMPUS PKWY
BUILDING 100-7
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

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, 2002 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

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

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

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

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

TITLE D ☐ Delete
NAME GRANTHAM, JOSEPH L
STREET ADDRESS 6497 RIVER POINT DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1650 Waters Edge Drive
CITY-ST-ZIP Orange Park FL 32003

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

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

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

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

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

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 REQUIRED Robert A. Pallais, VP & Treasurer

2/13/02

(904) 828-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
#293182

326115

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 BCH 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 BCH FL 32082	City-St-Zip	
Title	S	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	HORNE, SUZANNE	Name	
Street Address	12876 PLUMMER GRANT RD	Street Address	
City-St-Zip	JACKSONVILLE FL 32258	City-St-Zip	