

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90062 045 \*\*\*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**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **V** ☐ Delete  
NAME **SIMMONS, D. RANDEL**  
STREET ADDRESS **1650 WATERS EDGE DRIVE**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **ROLLINSON, JANE E.**  
CITY-ST-ZIP **8024 PEBBLE CREEK LANE WEST**  
**PONTE VEDRA BEACH, FL 32082**

**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 607, 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:**

**SIGNATURE REQUIRED**

**Robert A. Pallais, VP & Treasurer**

**2/7/03**

**(904) 828-7850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 90023354  
#293182

**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	