

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90046 048 ***150.00

0532875

DOCUMENT # 605513

1. Entity Name

FCP SELF-INSURERS, INC.

Principal Place of Business

**490 THIRD STREET N.W.
WINTER HAVEN FL 33882-0780**

Mailing Address

**490 THIRD STREET N.W.
WINTER HAVEN FL 33882-0780**

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 **59-1865474**

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

**RATH, LISA YOUNG
935 SOUTH OAK AVENUE
SUITE 100
TAMPA FL 33629**

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

LISA YOUNG RATH

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

TITLE **PD** ☐ Delete
NAME **YOUNGBLOOD, B C**
STREET ADDRESS **440 NORTH DILLARD ST.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **SM** ☐ Delete
NAME **RATH, LISA Y**
STREET ADDRESS **935 SOUTH OAK AVENUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **909 Lake Otis Drive North**
CITY-ST-ZIP **Winter Haven, Florida 33880**

TITLE ☐ Change ☒ Addition
NAME **FRANK METCALF**
STREET ADDRESS **315 NORTH HWY 17-92**
CITY-ST-ZIP **DAVENPORT, FLORIDA 33837**

TITLE ☐ Change ☒ Addition
NAME **BILL MATTHEWS**
STREET ADDRESS **1975 WEST STATE ROAD 426**
CITY-ST-ZIP **OVIEDO, FLORIDA 32765**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA YOUNG RATH

863/293-4171

Date

Daytime Phone #

CR2E034 (10/00)

FCP SELF-INSURERS, INC.
P. O. BOX 780
WINTER HAVEN, FLORIDA 33882
(PHONE 863 / 293 - 4171.....FAX 863 / 293 - 4746)

January 16, 2001

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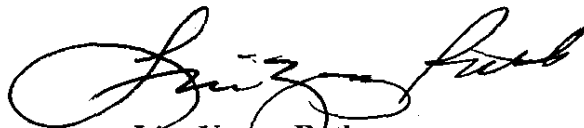
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document No. 605513

Gentlemen:

Enclosed is our Check No. 1268 payable to the Department of State in the amount of \$150.00 covering the filing fee for the FCP Self-Insurers, Inc., Winter Haven, Florida. Also enclosed is Document No. 605513 "2001 Uniform Business Report (UBR)."

Very truly yours,



Lisa Young Rath
Fiscal Agent

LYR:mk

Encls: