

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90146 026 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1865474**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Name **Lisa Young Rath**

Street Address (P.O. Box Number is Not Acceptable)

490 3rd St NW

City **Winter Haven**

FL

33881

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 **LISA YOUNG RATH** **4.29.02**
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **SM** ☐ Delete
 NAME **RATH, LISA Y**
 STREET ADDRESS **909 LAKE OTIS DRIVE NORTH**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **SM** ☒ Change ☐ Addition
 NAME **Lisa Young Rath**
 STREET ADDRESS **490 3rd St. NW**
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE **D** ☐ Delete
 NAME **METCALF, FRANK**
 STREET ADDRESS **315 NORTH HWY 17-92**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE **D** ☐ Delete
 NAME **MATTHEWS, BILL**
 STREET ADDRESS **1975 WEST STATE ROAD 426**
 CITY-ST-ZIP **OVEDO FL 32765**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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: **LISA YOUNG RATH** **4.29.02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **863.293.4171**

CR2E034 (9/01)