

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90702 047 \*\*\*150.00

**DOCUMENT # 625617**  
 1. Entity Name  
**FCCI SERVICES, INC.**

Principal Place of Business: **6300 UNIVERSITY PARKWAY SARASOTA FL 34240**  
 Mailing Address: **6300 UNIVERSITY PARKWAY SARASOTA FL 34240**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-1968027** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JACOBS, G. W.**  
**2601 CATTLEMEN ROAD**  
**SARASOTA FL 34232**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **6300 UNIVERSITY PARKWAY**  
 City: **SARASOTA** FL Zip Code: **34240**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: <b>CD</b>	NAME: <b>CURRIN, RUSSELL A JR.</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	STREET ADDRESS: <b>6300 UNIVERSITY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34240</b>
TITLE: <b>PD</b>	NAME: <b>JACOBS, G.W.</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	STREET ADDRESS: <b>6300 UNIVERSITY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34240</b>
TITLE: <b>V</b>	NAME: <b>THOMAS, OLIVIA</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	STREET ADDRESS: <b>6300 UNIVERSITY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34240</b>
TITLE: <b>VS</b>	NAME: <b>MCMANUS, ROBERT</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	STREET ADDRESS: <b>6300 UNIVERSITY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34240</b>
TITLE: <b>VT</b>	NAME: <b>WEBBER, DAVID</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>V</b>
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	STREET ADDRESS: <b>6300 UNIVERSITY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA, FL 34240</b>
TITLE: <b>V</b>	NAME: <b>FERRETTI, JOSEPH V.</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	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: *Olivia Thomas* **4/24/02** **(941) 907-7627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

FCCI SERVICES, INC.  
FEIN: 59-1968027  
FLORIDA 2001 UNIFORM BUSINESS REPORT  
DOCUMENT # 625617

*Attachment*  
*866001*

#12. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: D  
NAME: JOHN STAFFORD  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: THOMAS KOVAL  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: ALBERT CONYERS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: RUPERT WILLIS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: ROBERT FLANDERS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: JOSEPH GERACIE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: H. RONALD FOXWORTHY  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: ROBERT MCCARTHY  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: WILLIAM GETZEN  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: BASIL MORGAN  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: MARVIN HABER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: EARL PRICE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: CHARLES STOTTLEMYER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: RICHARD RUEGER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: DEBRA DOUGLAS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: ~~V~~  
NAME: JIM VENZA  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: JOSEPH KEENE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: SALLY ROSINSKY  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: JOSEPH KINKER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: ALISON THURAU  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T  
NAME: CHARLES BACHAND  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240