

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90369 014 ***150.00

DOCUMENT # H06844

1. Entity Name

FCCI STAFFING SOLUTIONS, INC.

Principal Place of Business

**6300 UNIVERSITY PARKWAY
 SARASOTA FL 34240**

Mailing Address

**6300 UNIVERSITY PARKWAY
 SARASOTA FL 34240**

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

59-2413933

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 34232-0514**

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

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	PD	<input type="checkbox"/> Delete
NAME	JACOBS, G.W.	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WEBBER, DAVID	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABER, MARVIN S.	
STREET ADDRESS	2601 CATTLEMEN RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCMANUS, ROBERT	
STREET ADDRESS	2601 CATTLEMEN RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CURRIN, RUSSELL A JR.	
STREET ADDRESS	2601 CATTLEMAN RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, CONYERS L.	
STREET ADDRESS	2601 CATTLEMEN RD.	
CITY-ST-ZIP	SARASOTA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240

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:

Charles Baichand
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(941) 907-7627

Daytime Phone #

CR02034 (9/01)

Attachment J Doc # H06844

FCCI STAFFING SOLUTIONS, INC.
FEIN: 59-2413933
FLORIDA 2001 UNIFORM BUSINESS REPORT
DOCUMENT # H06844

#12. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: D
NAME: JOHN STAFFORD
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: D
NAME: H. RONALD FOXWORTHY
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: D
NAME: CHARLES STOTTLEMYER
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: JOSEPH KEENE
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