

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90473 002 \*\*\*150.00

0503076 AV

**DOCUMENT # J26737**

1. Entity Name  
**FCCI AGENCY, INC.**

Principal Place of Business  
**6300 UNIVERSITY PARKWAY  
 SARASOTA FL 34240**

Mailing Address  
**6300 UNIVERSITY PARKWAY  
 SARASOTA FL 34240**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number  
**59-2721241**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Bachand  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (941) 907-7627  
 Date Daytime Phone #

CR2E034 (9/01)

FCCI AGENCY, INC.  
FEIN: 59-2721241  
FLORIDA 2001 UNIFORM BUSINESS REPORT  
DOCUMENT # J26737

Attachment

865999

#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