

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004890

1. Entity Name

FIPA REGION #4, INC.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90002 042 \*\*\*\*61.25

Principal Place of Business

8131 BAYMEADOWS CIR., STE 200  
 JACKSONVILLE FL 32256

Mailing Address

8131 BAYMEADOWS CIR., STE 200  
 JACKSONVILLE FL 32256-1811

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3209970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILBERT, PHILIP H  
 8131 BAYMEADOWS CIR., STE 200  
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name  
**FRED F. HARRIS, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 EAST COLLEGE AVE.**  
 City  
**TALLAHASSEE** FL Zip Code  
**32302**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	LARROUDE, JUAN MD	
STREET ADDRESS	3100 US 15 SUITE 1	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	Delete
NAME	DINICOLA, ROBERTO	
STREET ADDRESS	785 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	Delete
NAME	GLENN, EUGENE J	
STREET ADDRESS	1820 BURRS ST. #358	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	Delete
NAME	EUGENE, GLENN J.	
STREET ADDRESS	1820 BARRS ST., #358	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	Delete
NAME	WOODARD, GERALD R	
STREET ADDRESS	3512 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHORES FL 32127	
TITLE	D	Delete
NAME	TITONE, CHARLES W	
STREET ADDRESS	1050 W GRANADA BLVD., #2	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

6-27-00 904 388-2649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)