

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002824

1. Entity Name

FIRST COAST IPA, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90006 032 ****61.25

Principal Place of Business

Mailing Address

8131 BAYMEADOWS CIR W
STE 200
JACKSONVILLE FL 32256
US

8131 BAYMEADOWS CIR W
STE 200
JACKSONVILLE FL 32256-1811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3329490

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

GLOCK, RICHARD MD
4555 EMERSON EXPRESSWAY
#300
JACKSONVILLE FL 32207

Name -- SABIN BASS

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

845 N. BARLAND AVE

City

ORLANDO, FL

FL

Zip Code
32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GLOCK, RICHARD M.D.
STREET ADDRESS 4555 EMERSON EXPRESSWAY #300
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ Delete

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

TITLE VPD
NAME SILBAR, RAYMOND M.D.
STREET ADDRESS 111 RIVERSIDE AVE STE 120
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME CARRIERE, WILLIAM M.D.
STREET ADDRESS 111 RIVERSIDE AVE., #120
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME SESSIONS, HERMAN M.D.
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE D
NAME TWIGGS, DONALD M.D.
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

(2) 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:

Richard M. D. Sessions
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00 904-396-0450
Date Daytime Phone #

CR2E037 (9/99)