

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003960

1. Entity Name

FCP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90070 017 ****61.25

Principal Place of Business

Mailing Address

2763 1ST AVE
ST PETERSBURG FL 33713

2763 1ST AVE
ST PETERSBURG FL 33713-8723

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

06-1550711

Applied For

Not Applicable

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

RICHARD, JEFFREY
2763 1ST AVE
ST PETERSBURG FL 33713

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SIMONDS, DAVID H
15 COLUMBIA ST
BANGOR ME 04401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bumpus, Barbara
2172 63 Avenue South
St. Pete, FL 33712 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOUZA, JAMES
P O BOX 2356
BANGOR ME 04402 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Markley, Joan
RR #1 Box 349 A
Penobscot, ME 04476 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRYE, MARY J
360 BROADWAY
BANGOR ME 04402-0403 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, WALTER DR
63 FOREST DR
ORONO ME 04473 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
SAMUELIAN, DAVID DR
1657 BROADWAY
BANGOR ME 04401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEARY, KEVIN W
151 TREMONT ST, 12 E
BOSTON MA 02111 ☐ Delete

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

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:

Barbara Bumpus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-00

CR2E037 (9/99)