

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90099 001 \*\*\*400.00  
 07-31-2002 90099 002 \*\*\*150.00

**DOCUMENT # P94000076598**

1. Entity Name  
**GEORGE A. KOURY, INC.**

Principal Place of Business      Mailing Address  
**9803 OLD ST AUGUSTINE ROAD**      **P O BOX 24109**  
**SUITE 1**      **JACKSONVILLE FL 32241**  
**JACKSONVILLE FL 32257**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **49-3280714**      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  
~~KOURY, GEORGE A~~  
**9803 OLD ST AUGUSTINE RD**  
**STE 1**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

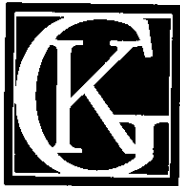
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KOURY, GEORGE A</b>	
STREET ADDRESS	<b>9803 OLD ST. AUGUSTINE RD. SUITE 1</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: George A Koury      Date: 7-10-02      Daytime Phone #: 904-262-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



GEORGE  
KOURY  
& ASSOCIATES  
INSURANCE

July 15, 2002

Department of State  
Division of Corporations  
Uniform Business Report Filing  
PO BOX 1500  
Tallahassee, FL 32302-1500

RE: Filing Fee

To Whom It May Concern:

I am writing to request a waiver of the \$400.00 late fee for the Uniform Business Report Filing. I have enclosed a check for the original \$150.00 charge.

I have recently been hired as the bookkeeper and office manger of George Koury & Associates Insurance. In the switch between the former bookkeeper and myself this payment was inadvertently misplaced and I just recently located it.

We would greatly appreciate it if you could take this oversight into consideration and allow a waiver of the late fee. Please feel free to contact the President, George Koury, or myself, if you have any questions.

Thank you,

Angela Koury

George Koury

*Attachment + Receipt*  
*794000096598*  
PERSONAL AND BUSINESS INSURANCE  
RETIREMENT PLANNING  
MUTUAL FUNDS

*980201*