

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90210 012 \*\*\*150.00

**DOCUMENT # P95000036313**

1. Entity Name

**MCCREARY CORPORATION**

Principal Place of Business

**700 CENTRAL PARKWAY  
 STUART FL 34994**

Mailing Address

**700 CENTRAL PARKWAY  
 STUART FL 34994**

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

**59-3318934**

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

**BYERS, JOHN R  
 225 WATER STREET, STE 1400  
 JACKSONVILLE FL 32202**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPCE  
 MCCREARY, W T  
 700 CENTRAL PKWY  
 STUART FL 34994** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 RUSSELL, WILLIAM R  
 1000 RIVERSIDE AVENUE  
 JACKSONVILLE FL 32204** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MUELLER, MARKES  
 9714 SAN JOSE BOULEVARD  
 JACKSONVILLE FL 32257** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Mueller, Markus** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 BECKER, JEAN  
 700 CENTRAL PARKWAY  
 STUART FL 34994** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVAS  
 BYERS, JOHN R  
 1000 RIVERSIDE AVENUE  
 JACKSONVILLE FL 32204** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVT  
 BOWEN, PATRICK M  
 700 CENTRAL PARKWAY  
 STUART FL 34994** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D, P, CEO** ☒ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kim D. Thorpe**

**2/8/01**

**(904) 354-2482**

Date

Daytime Phone #

CR2E034 (10/00)

FPIC INSURANCE GROUP, INC.

Doc# P95000036313  
Stamp# 813739

February 7, 2001

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: McCreary Corporation (P95000036313)

Dear Sir/Madam:

Enclosed for filing is the 2001 Uniform Business Report for McCreary Corporation, together with our check in the amount of \$150.00 representing the required filing fee.

Please call me if you have any questions.

Sincerely,



Peggy Parks  
Assistant Secretary/  
Director of Paralegal Services

Enclosure (Check No. 013958)

#P95000636313  
Stamp# 813739

**CONTINUATION  
OF  
NUMBER 11 AND 12**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Rader, David L. 1000 Riverside Avenue, 8 <sup>th</sup> Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	D Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202	Title- Name St. Address City-ST-Zip	D, V, AS
Title Name St. Address City-ST-Zip	V <input checked="" type="checkbox"/> Delete Davis, James 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V Spano, Mark 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V McCreary, Michael 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	V Palmer, Clark 700 Central Parkway Stuart, FL 34994		
Title Name St. Address City-ST-Zip	AS <input checked="" type="checkbox"/> Delete Parks, Peggy A. 225 Water Street, Suite 225 Jacksonville, FL 32202		