

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013107

1. Entity Name

FPIC INSURANCE AGENCY, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90004 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 RIVERSIDE AVENUE  
8TH FLOOR  
JACKSONVILLE FL 32204

1000 RIVERSIDE AVENUE  
8TH FLOOR  
JACKSONVILLE FL 32204-4144

2. Principal Place of Business

3. Mailing Address

225 Water Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 1400

City & State

City & State  
Jacksonville, Florida

4. FEI Number

59-3359116

Applied For

Not Applicable

Zip

Country

Zip 32202

Country USA

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, SUITE 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, 2000 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 DP ☐ Delete  
NAME RUSSELL, WILLIAM R  
STREET ADDRESS 1000 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE DT ☒ Delete  
NAME SMITH, STEVEN R  
STREET ADDRESS 1000 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D, VP, T ☐ Change ☒ Addition  
NAME Thorpe, Kim D.  
STREET ADDRESS 225 Water Street, Suite 1400  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE VP ☒ Delete  
NAME LUCKMAN, PAUL T.  
STREET ADDRESS 1000 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition  
NAME Rader, David L.  
STREET ADDRESS 1000 Riverside Avenue, 8th Floor  
CITY-ST-ZIP Jacksonville, FL 32204

TITLE SVC ☒ Delete  
NAME FINCH, ROBERT B  
STREET ADDRESS 1000 RIVERSIDE AVE 8TH FL  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE AS ☐ Change ☒ Addition  
NAME Parks, Peggy A.  
STREET ADDRESS 225 Water Street, Suite 1400  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE SV ☐ Delete  
NAME BYERS, JOHN R  
STREET ADDRESS 1000 RIVERSIDE AVE 8TH FL  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D, VP, S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☒ Delete  
NAME EMANUEL, CHARLES W  
STREET ADDRESS 1000 RIVERSIDE AVE 8TH FL  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ 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:

*Peggy A. Parks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

2/1/00

Date

(904) 354-2482

Daytime Phone

Ext. 3287

CR2E034 (9/99)