

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013107

1. Entity Name  
EPIC INSURANCE AGENCY, INC.

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90033 031 \*\*\*150.00

Principal Place of Business

1000 RIVERSIDE AVENUE  
8TH FLOOR  
JACKSONVILLE FL 32204

Mailing Address

225 WATER ST  
SUITE 1400  
JACKSONVILLE FL 32202  
US

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

59-3359116

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

COWN, ROBERTA G  
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, 2002 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 VP ☐ Delete  
NAME DALLERO, GARY M  
STREET ADDRESS 225 WATER STREET STE 1400  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE S ☐ Change ☒ Addition  
NAME Cown, Roberta Goes  
STREET ADDRESS 225 Water Street, Suite 1400  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE DVPT ☐ Delete  
NAME THORPE, KIM D  
STREET ADDRESS 225 WATER ST SUITE 1400  
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete  
NAME RADER, DAVID L  
STREET ADDRESS 1000 RIVERSIDE AVENUE, 8TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE AS ☐ Delete  
NAME PARKS, PEGGY A  
STREET ADDRESS 225 WATER ST, SUITE 1400  
CITY-ST-ZIP JACKSONVILLE FL 32202

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

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

TITLE D ☒ Change ☐ Addition  
NAME Byers, John R.  
STREET ADDRESS 225 Water Street, Suite 1400  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME Driscoll, Kurt F.  
STREET ADDRESS 1000 Riverside Avenue, 8th Floor  
CITY-ST-ZIP Jacksonville, FL 32204

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* Peggy A. Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

(904) 354-2482

Daytime Phone # Ext. 3287

CR2E034 (9/01)

FPIC INSURANCE GROUP, INC.

attachment#  
P96 000013107

810520

January 17, 2002

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

Re: FPIC Insurance Agency, Inc. (P96000013107)

Dear Sir/Madam:

Enclosed for filing is the 2002 Uniform Business Report for FPIC Insurance Agency, Inc., 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*

Peggy Parks  
Assistant Corporate Secretary/  
Director of Paralegal Services

Enclosure (Check No. 018047)