

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005255

1. Entity Name

FPIC SERVICES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90142 038 ***150.00

Principal Place of Business

1000 RIVERSIDE AVENUE SUITE 800
JACKSONVILLE FL 32204

Mailing Address

1000 RIVERSIDE AVENUE SUITE 800
JACKSONVILLE FL 32204-4101

2. Principal Place of Business

225 Water Street

3. Mailing Address

225 Water Street

Suite, Apt. #, etc.

Suite 1400

Suite, Apt. #, etc.

Suite 1400

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3487751

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32202

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYERS, JOHN R
1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name John R. Byers

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

225 Water Street

Suite 1400

City

Jacksonville

FL

Zip Code

32202

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

TITLE D
NAME RUSSELL, WILLIAM R
STREET ADDRESS 1000 RIVERSIDE AVENUE SUITE 800
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE D
NAME SMITH, STEVEN R
STREET ADDRESS 1000 RIVERSIDE AVENUE SUITE 800
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE DV
NAME FINCH, ROBERT B
STREET ADDRESS 1000 RIVERSIDE AVENUE SUITE 800
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE D
NAME HARTY-GOLDER, BARBARA
STREET ADDRESS 23 WEBB STREET
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE D
NAME SHADY-KING, BECKETT
STREET ADDRESS 23 WEBB STREET
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE DCEO
NAME DAVIS, SYLVIA B
STREET ADDRESS 1000 RIVERSIDE AVENUE SUITE 800
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D
NAME Bagby, Richard J.
STREET ADDRESS 4138 Shorecrest Road
CITY-ST-ZIP Orlando, FL 32804 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00

Daytime Phone #

(904) 254-2482

478 3287