

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90281 010 \*\*\*150.00

**DOCUMENT # P98000046354**

1. Entity Name  
**FCCI CLAIMS SERVICES, INC.**



Principal Place of Business  
**6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240**

Mailing Address  
**6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240**

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 **65-0837876**

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

**JACOBS, G W  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
CURRIN, JR., RUSSELL A  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STAFFORD, JOHN  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CONYERS, ALBERT  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WEBBER, DAVID  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOXWORTHY, H. RONALD  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
JACOBS, G.W.  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles Bachard **Charles Bachard** 4-28-03 (941) 907-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

90125491

Attachment

FCCI CLAIMS SERVICES, INC.  
FEIN: 65-0837876  
FLORIDA 2003 UNIFORM BUSINESS REPORT  
DOCUMENT # P98000046354

#11. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: D  
NAME: ROBERT FLANDERS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: WILLIAM GETZEN  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: MARVIN HABER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: CHARLES STOTTLEMYER  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: JOSEPH KEENE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/S  
NAME: ROBERT MCMANUS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T  
NAME: CHARLES BACHAND  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240