

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90142 039 \*\*\*150.00

**DOCUMENT # P98000070043**

1. Entity Name  
**FPIC PUBLISHING, INC.**

Principal Place of Business <b>RIVERSIDE AVENUE                  800                  JACKSONVILLE FL 32204</b>	Mailing Address <b>1000 RIVERSIDE AVENUE                  SUITE 800                  JACKSONVILLE FL 32204-4101</b>
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**AJ94041Z**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3545145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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]* (NOTE: Registered Agent signature required when reinstating) 4/13/00 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RUSSELL, WILLIAM R 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST FINCH, ROBERT B 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO RYAN, AMY 1000 RIVERSIDE AVENUE, 8TH FLOOR JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BYERS, JOHN R 1000 RIVERSIDE AVENUE, 8TH FLOOR JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>225 Water Street, Suite 1400                  Jacksonville, FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D,VP,S                  225 Water Street, Suite 1400                  Jacksonville, FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thorpe, Kim D.                  225 Water Street, Suite 1400                  Jacksonville, FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS                  Parks, Peggy A.                  225 Water Street, Suite 1400                  Jacksonville, FL 32202</b>

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** 4/13/00 DATE (904) 354-2452 DAYTIME PHONE # 32202

CR2E034 (9/99)