



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

FILED

JUN 03 2015

Docketed by MC

IN THE MATTER OF:

CASE NO.: 172509-15-AG

JOSEPH STAZZONE, IV
_____ /

NOTICE OF REVOCATION

Joseph Stazzone, IV is hereby notified that the Chief Financial Officer of the State of Florida has caused to be made an investigation of his activities while licensed as an insurance agent in this state, as a result of which it is found:

1. Pursuant to chapter 626, Florida Statutes, Joseph Stazzone, IV, License #P018033, is currently licensed as a life including variable annuity and health agent and a general lines agent.

2. At all times pertinent to the dates and occurrences referred to herein, Joseph Stazzone, IV was licensed as a life including variable annuity and health agent and a general lines agent.

3. Pursuant to chapter 626, Florida Statutes, the Florida Department of Financial Services has jurisdiction over all licenses and eligibility for licensure which Joseph Stazzone, IV currently holds.

4. On December 17, 2013, in the Circuit Court of the Eighteenth Judicial Circuit, in and for Brevard County, Florida, Case No. 052013CF067291A, an Information was filed against Joseph Stazzone, IV charging him with twenty-five counts of Sexual Battery on a Child by a Person in Familial or Custodial Authority, a first degree felony.

5. On March 13, 2015, in the Circuit Court of the Eighteenth Judicial Circuit, in and for Brevard County, Florida, Case No. 052013CF067291A, Joseph Stazzone, IV, pled guilty to one count of Sexual Battery on a Child by a Person in Familial or Custodial Authority, a first degree felony, and was adjudicated guilty.

6. Section 626.631(1), Florida Statutes, provides that:

If any licensee is convicted by a court of a violation of this code or a felony, the licenses and appointments of such person shall be immediately revoked by the department. The licensee may subsequently request a hearing pursuant to ss. 120.569 and 120.57, and the department shall expedite any such requested hearing. The sole issue at such hearing shall be whether the revocation should be rescinded because such person was not in fact convicted of a violation of this code or a felony.

7. Joseph Stazzone, IV's felony conviction constitutes grounds for the immediate revocation of his licenses and appointments pursuant to section 626.631(1), Florida Statutes.

WHEREFORE, Joseph Stazzone, IV is hereby notified that any and all licenses and appointments previously issued to him under the Florida Insurance Code are hereby revoked.

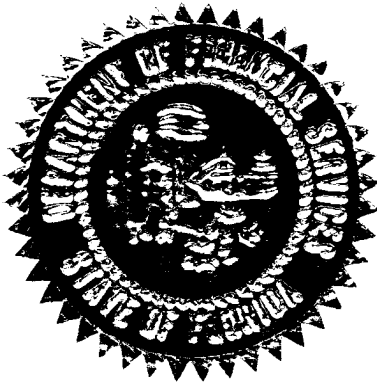
Joseph Stazzone, IV is further notified that pursuant to section 626.641, Florida Statutes:

(2) No person or appointee under any license or appointment revoked by the department, nor any person whose eligibility to hold same has been revoked by the department, shall have the right to apply for another license or appointment under this code within 2 years from the effective date of such revocation or, if judicial review of such revocation is sought, within 2 years from the date of final court order or decree affirming the revocation. An applicant for another license or appointment pursuant to this subsection must apply and qualify for licensure in the same manner as a first-time applicant, and the application may be denied on the same grounds that apply to first-time applicants for licensure pursuant to ss. 626.207, 626.611, and 626.621. In addition, the department shall not grant a new license or appointment or reinstate eligibility to hold such license or appointment if it finds that the circumstance or circumstances for which the eligibility was revoked or for which the previous license or appointment was revoked still exist or are likely to recur; if an individual's license as

agent or customer representative or eligibility to hold same has been revoked upon the ground specified in s. 626.611(1)(l), the department shall refuse to grant or issue any new license or appointment so applied for.

(4) During the period of suspension or revocation of the license or appointment, and until the license is reinstated or, if revoked, a new license issued, the former licensee or appointee shall not engage in or attempt or profess to engage in any transaction or business for which a license or appointment is required under this code or directly or indirectly own, control, or be employed in any manner by any insurance agent or agency or adjuster or adjusting firm.

DONE and ORDERED this 3rd day of June, 2015.




Gregory Thomas
Director, Agent & Agency Services

COPIES FURNISHED TO:

Joseph Stazzone, IV
628 Tortoise Way
Satellite Beach, FL 32937

Joseph Stazzone, IV
Williams & Stazzone Insurance Agency Inc.
99 North Atlantic Avenue
Cocoa Beach, FL 32931

Greg Thomas, Director
Division of Agent & Agency Services
200 East Gaines Street
Tallahassee, Florida 32399

Complaint & Settlement
Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333

NOTICE OF RIGHTS

You have the right to request a proceeding to contest this action by the Department of Financial Services (the "Department") pursuant to sections 120.569 and 120.57, Florida Statutes, and chapter 28-106, *Florida Administrative Code*. The proceeding request must be in writing, signed by you, and must be filed with the Department within twenty-one (21) days of your receipt of this notice. Completion of the attached Election of Proceeding form and a petition for administrative hearing are required. The request must be filed with Julie Jones, DFS Agency Clerk, at the Florida Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0333. Your written response must be received by the Department no later than 5:00 p.m. on the twenty-first day after your receipt of this notice. Mailing the response on the twenty-first day will not preserve your right to a hearing.

FAILURE TO ENSURE THAT YOUR WRITTEN RESPONSE IS RECEIVED BY THE DEPARTMENT WITHIN TWENTY-ONE (21) DAYS OF YOUR RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO REQUEST A PROCEEDING ON THE MATTERS ALLEGED HEREIN.

If you request a proceeding, you must provide information that complies with the requirements of Rule 28-106.2015, *Florida Administrative Code*. Specifically, your response must contain:

- (a) The name, address, telephone number, and facsimile number (if any) of the respondent (for the purpose of requesting a hearing in this matter, you are the "respondent").
- (b) The name, address, telephone number, and facsimile number of the attorney or qualified representative of the respondent (if any) upon whom service of pleadings and other papers shall be made.
- (c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

- (d) A statement of when the respondent received the notice of revocation.
- (e) A statement including the file number to the notice of revocation.

If a hearing of any type is requested, you have the right to be represented by counsel or other qualified representative at your expense, to present evidence and argument, to call and cross-examine witnesses, and to compel the attendance of witnesses and the production of documents by subpoena.

If a proceeding is requested and there is no dispute of material fact, the provisions of section 120.57(2), Florida Statutes, apply. In this regard, you may submit oral or written evidence in opposition to the action taken by the Department or a written statement challenging the grounds upon which the Department has relied. While a hearing is normally not required in the absence of a dispute of fact, if you feel that a hearing is necessary, one will be conducted in Tallahassee, Florida, or by telephonic conference call upon your request.

However, if you dispute material facts which are the basis for the Department's action, you must request an adversarial proceeding pursuant to sections 120.569 and 120.57(1), Florida Statutes. These proceedings are held before an administrative law judge of the State of Florida Division of Administrative Hearings. Unless the majority of witnesses are located elsewhere, the Department will request that the hearing be conducted in Tallahassee, Florida.

Failure to follow the procedure outlined with regard to your response to this notice may result in the request being denied. All prior oral communication or correspondence in this matter shall be considered free form agency action, and no such oral communication or correspondence shall operate as a valid request for an administrative proceeding. Any request for an administrative proceeding received before the date of this notice shall be deemed abandoned unless timely renewed in compliance with the guidelines as set out above.

Mediation of this matter pursuant to section 120.573, Florida Statutes, is not available. No Department attorney will discuss this matter with you during the time frame in which you have to request a hearing.

NOTICE OF RIGHT TO APPEAL

Any party to these proceedings adversely affected by this Order is entitled to seek review within thirty (30) days of the rendition of this Order, pursuant to section 120.68, Florida Statutes, and Rule 9.190, *Florida Rules of Appellate Procedure*. Review proceedings must be instituted by filing a petition or notice of appeal with Julie Jones, the DFS Agency Clerk. Filing with the Agency Clerk may be accomplished via U.S. Mail, express overnight delivery, hand delivery, facsimile transmission, or electronic mail. The address for overnight delivery or hand delivery is Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida, 32399-0390. The fax number is (850) 488-0697. The email address is Julie.Jones@myfloridacfo.com.

A copy of the petition or notice of appeal must also be filed with the appropriate district court of appeal within thirty (30) days of the rendition of this Order.

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF LEGAL SERVICES

IN THE MATTER OF:

CASE NO.: 172509-15-AG

JOSEPH STAZZONE, IV

ELECTION OF PROCEEDING

I have received and have read the Notice of Revocation filed by the Florida Department of Financial Services ("Department") against me, including the Notice of Rights contained therein, and I understand my options. I am requesting disposition of this matter as indicated below. **(CHOOSE ONE)**

1. ☐ I do not dispute any of the Department's factual allegations and I do not desire a hearing. I understand that by waiving my right to a hearing, the Department may enter a final order that adopts the Notice of Revocation and imposes the sanctions sought, including revoking my licenses and appointments as may be appropriate.
2. I do not dispute any of the Department's factual allegations and I hereby elect a proceeding to be conducted in accordance with section 120.57(2), Florida Statutes. In this regard, I desire to **(CHOOSE ONE)**:
 - ☐ Submit a written statement and documentary evidence in lieu of a hearing; or
 - ☐ Personally attend a hearing conducted by a department hearing officer in Tallahassee; or
 - ☐ Attend that same hearing by way of a telephone conference call.
3. ☐ I do dispute one or more of the Department's factual allegations. I hereby request a hearing pursuant to section 120.57(1), Florida Statutes, to be held before the Division of Administrative Hearings. I have attached to this election form the information required by Rule 28-106.2015, Florida Administrative Code, as specified in subparagraph (c) of the Notice of Rights. Specifically, I have identified the disputed issues of material fact.

TO PRESERVE YOUR RIGHT TO A HEARING, YOU MUST FILE YOUR RESPONSE WITH THE DEPARTMENT OF FINANCIAL SERVICES WITHIN TWENTY-ONE (21) DAYS OF YOUR RECEIPT OF THE NOTICE OF REVOCATION. THE RESPONSE MUST BE RECEIVED BY THE DEPARTMENT NO LATER THAN 5:00 P.M. ON THE TWENTY-FIRST DAY AFTER YOUR RECEIPT OF THE ADMINISTRATIVE COMPLAINT.

The address for filing is: Julie Jones, DFS Agency Clerk, Florida Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0333.

Signature _____

Print Name _____

Date: _____

Address: _____

Date Notice of Revocation

Received: _____

If (Respondent's name) is represented by an attorney or qualified representative, please attach to this election form his or her name, address, telephone and fax numbers

Phone No.: _____

Fax No.: _____

E-mail: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Revocation has been furnished to: Joseph Stazzone, IV, Williams & Stazzone Insurance Agency Inc., 99 North Atlantic Avenue, Cocoa Beach, FL 32931; Joseph Stazzone, IV, 628 Tortoise Way, Satellite Beach, FL, 32937; by certified mail this 3rd day of June, 2015.



Leah L. Marino
Managing Attorney
Department of Financial Services
Division of Legal Services
612 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0333
(850) 413-4227