

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706068

FILED
Oct 02, 2012
Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.

Current Principal Place of Business:

8523 N. HAMNER AVENUE
TAMPA, FL 33604 US

New Principal Place of Business:

8803 CITRUS VILLAGE DRIVE
#206
TAMPA, FL 33626 US

Current Mailing Address:

POST OFFICE BOX 271081
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-6139291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, LORI
8523 N. HAMNER AVENUE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MATTHEWS, LORI
8803 CITRUS VILLAGE DRIVE
TAMPA, FL 33626 US

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: LORI MATTHEWS

10/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MULLAN, MARYFRAN
Address: 3000 BAYPORT DRIVE
City-St-Zip: TAMPA, FL 33607

Title: T
Name: CASSETTA, CHUCK
Address: 2502 N ROCKY POINT DR STE 400,
City-St-Zip: TAMPA, FL 33607

Title: D
Name: ELSASSER, ED
Address: 5440 BEAUMONT CENTER BLVD. SUITE 445
City-St-Zip: TAMPA, FL 33634

Title: D
Name: BORTHWICK, ANGELA
Address: 1390 MAIN STREET
City-St-Zip: SARASOTA, FL 34226

Title: D
Name: BLUM, SCOTT
Address: 4915 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHUCK CASSETTA

T

10/02/2012

Electronic Signature of Signing Officer or Director

Date