

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90061 037 \*\*\*\*61.25

**DOCUMENT # 706068**

1. Entity Name

**INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.**



Principal Place of Business

P.O. BOX 1327  
RIVERVIEW FL 33568  
US

Mailing Address

P.O. BOX 1327  
RIVERVIEW FL 33568  
US

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 **59-6139291**

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

**MILLER, ALICE**  
**12522 DAWN VISTA DRIVE**  
**RIVERVIEW FL 33569**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **WILSON, DWIGHT**  
STREET ADDRESS **101 SOUTH FRANKLIN STREET #201**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Peery, Herman**  
STREET ADDRESS **4830 W. Kennedy Blvd. Ste 655**  
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **PED** ☒ Delete  
NAME **PEERY, HERMAN**  
STREET ADDRESS **4830 WEST KENNEDY BLVD. STE. 655**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **PED** ☒ Change ☐ Addition  
NAME **Cassetta, Chuck**  
STREET ADDRESS **4600 W. Cypress St. Ste. 200**  
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **VPD** ☒ Delete  
NAME **CASSETTA, CHUCK**  
STREET ADDRESS **4600 WEST CYPRESS STREET STE 200**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Cuccinello, Alan**  
STREET ADDRESS **Cuccinello Ins.**  
CITY-ST-ZIP **3616 Dale Mabry Hwy S. Tampa, FL 33611**

TITLE **TD** ☒ Delete  
NAME **BENNETT, BETH**  
STREET ADDRESS **101 SOUTH FRANKLIN STREET #201**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Greg Brittain**  
STREET ADDRESS **5405 Cypress Center Dr. Ste. 330**  
CITY-ST-ZIP **Tampa, FL 33623**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 617, 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:

**SIGNATURE REQUIRED**

4/1/03

813-672-6134

CR2E037 (10/02)