

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 149499

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF GAINESVILLE,

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90089 015 ***150.00

Principal Place of Business

Mailing Address

2201 NW 40TH TERRACE
GAINESVILLE FL 32606
US

P.O. BOX 957403
GAINESVILLE FL 32609-7403
US

2. Principal Place of Business

3. Mailing Address

4235 Innslake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Glen Allen, VA

4. FEI Number

59-0368350

Applied For

Not Applicable

Zip

Country

Zip

Country

23060

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGAL, ANDREW L. 2201 NW 40TH TERRACE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James B. Karl 2201 NW 40th Terrace Gainesville, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREWEEK, TIM 2201 NW 40TH TERRACE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Timothy J. Korman 4235 Innslake Drive Glen Allen, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORMAN, TIMOTHY J. 2201 NW 40TH TERRACE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Martin L. Vaughan III 4235 Innslake Drive Glen Allen, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, DIANNE F. 2201 NW 40TH TERRACE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carolyn Jones 4235 Innslake Drive Glen Allen, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLISON, BARBARA J 2201 NW 40TH TERRACE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Walter L. Smith 4235 Innslake Drive Glen Allen, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED WALTER L. SMITH

3/17/00

2047476100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)