

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 149499**

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF GAINESVILLE,**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90009 049 ***150.00

057149

Principal Place of Business	Mailing Address
2201 NW 40TH TERRACE GAINESVILLE FL 32605 US	4235 INNSLAKE DR GLEN ALLEN VA 23060 US

2. Principal Place of Business	3. Mailing Address
4880 Newberry Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 100	
City & State	City & State
GAINESVILLE FL	
Zip	Country
32607	U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-0368350	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, JAMES B	NAME	
STREET ADDRESS	2201 NW 40TH TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, MARTIN L III	NAME	
STREET ADDRESS	4235 INNSLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMAN, TIMOTHY J.	NAME	
STREET ADDRESS	4235 INNSLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA 23060	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CAROLYN	NAME	
STREET ADDRESS	4235 INNSLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WALTER L	NAME	
STREET ADDRESS	4235 INNSLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA 23060	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Smith

Date

2/26/01 (804) 747-3112

Daytime Phone #

CR2E034 (10/00)