

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218668

1. Entity Name

BROWN & BROWN, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90076 033 \*\*\*150.00

Principal Place of Business

401 E JACKSON ST  
SUITE 1700  
TAMPA FL 33602  
US

Mailing Address

401 E. JACKSON ST  
SUITE 1700  
TAMPA FL 33602-5233  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0864469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAMMIG, LAUREL L.  
401 E JACKSON ST  
SUITE 1700  
TAMPA FL 33602

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	DEVP	<input type="checkbox"/> Delete
NAME	HENDERSON, JIM W	
STREET ADDRESS	220 S RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	BROWN, J. HYATT	
STREET ADDRESS	220 S RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GRAMMIG, LAUREL L.	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEPNER, THEODORE J	
STREET ADDRESS	200 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ZIMMER, WILLIAM A.	
STREET ADDRESS	220 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cory Walker	
STREET ADDRESS	220 S. Ridgewood Ave	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toni Jennings	
STREET ADDRESS	1030 W. Alfred Ave.	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan E Smith	
STREET ADDRESS	111 Third Ave. W., Ste. 110	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David H. Hughes	
STREET ADDRESS	20 N Orange Ave., Ste. 200	
CITY-ST-ZIP	Orlando FL 32802	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brad Currey	
STREET ADDRESS	504 Thrasher St.	
CITY-ST-ZIP	Norcross GA 30071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sam Bell	
STREET ADDRESS	215 S. Monroe 2d FL	
CITY-ST-ZIP	Tallahassee FL 32314	

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: Laurel L. Grammig 2/18/00 813-222-4277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #