

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # 218668**1. Entity Name
BROWN & BROWN, INC.**Principal Place of Business**401 E JACKSON ST
SUITE 1700
TAMPA
33602

FL

US

Mailing Address401 E. JACKSON ST
SUITE 1700
TAMPA
33602

US

FL

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**59-0864469**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GRAMMIG LAUREL L.
401 E JACKSON ST
SUITE 1700
TAMPA
33602

FL

US

7. Name and Address of New Registered Agent

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)

04/13/2001

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, 2001 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**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONEGAN THOMAS M	
STREET ADDRESS	401 E. JACKSON ST., STE. 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER CORY T	
STREET ADDRESS	220 S. RIDGEWOOD AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: LAUREL L. GRAMMIG

VPS

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)