

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 221310

Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT LAUDERD

APPROVED  
AND  
FILED

00 FEB 22 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

INSLAKE DRIVE  
ALLEN VA 23060

4235 INNSLAKE DR  
GLEN ALLEN VA 23060-5528  
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

59-0868164

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

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

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROGAL, ANDREW L	
STREET ADDRESS	4235 INNSLAKE DR.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KORMAN, TIMOTHY J	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, WALTER L	
STREET ADDRESS	4235 INNSLAKE DR.	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew L. Rogal	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
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		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin L. Vaughan III	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
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: Walter L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

8047473112

Daytime Phone #

CR2E034 (9/99)