# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2003 8:00 am**
**Secretary of State**
04-30-2003 90069 041 ***150.00

004690 AV

DOCUMENT # 240124 NC 5/1/17/03

1. Entity Name
ROGERS, ~~ATKINS~~, GUNTER AND ASSOCIATES INSURANCE, INC.
Rogers, Gunter, Vaughn Insurance, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1117 THOMASVILLE RD<br>PO BOX 12099<br>TALLAHASSEE FL 32317 | PO BOX 12099<br>TALLAHASSEE FL 32317 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0912250 ☐ 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 |
|---|---|
| ROGERS SAMUEL B SR<br>1117 THOMASVILLE RD<br>TALLAHASSEE FL 32303 | Name: Samuel B. Rogers, Jr.<br>Street Address (P.O. Box Number is Not Acceptable): 1117 Thomasville Road<br>City: Tallahassee FL Zip Code: 32303 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Samuel B Rogers 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
***After May 1, 2003 Fee will be $550.00***
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HOWARD, JOHN H.<br>2209 WOODBINE DRIVE<br>TALLAHASSEE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>President<br>Kevin Vaughn<br>9025 Glen Eagle Way<br>Tallahassee, Fla 32312 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Board member<br>ROGER, S B SR<br>3710 GALWAY DR<br>TALLAHASSEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Ira Roderick Vaughn<br>1832 Oxbottom Lane (SEC)<br>Tallahassee, Fla. 32312 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T /CEO<br>ROGERS, SAMUEL B., JR.<br>1741 MARSTON PL<br>TALLAHASSEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CED<br>GUNTER, WILLIAM<br>3802 LEANE DR<br>TALLAHASSEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVPD<br>FOREHAND, HARRY B. J<br>902 GOLFVIEW AVE<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Exec VP<br>GARTER, BART<br>1534 MITCHELL AVE<br>TALLAHASSEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Samuel B Rogers 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #