

## 2000 UNIFORM BUSINESS REPORT (UBR)

0098

DOCUMENT # 286623

APPROVED  
AND  
FILED

00 FEB 22 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
INNSLAKE DR. ALLEN VA 23060-1220		P.O. BOX 1220 GLEN ALLEN VA 23060-1220	
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	59-1083437	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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name 900003161619--7	
		Street Address (P.O. Box Number is Not Acceptable) -03/08/00--01016--008 ****150.00 ****150.00	
		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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	VAUGHAN, MARTIN L III	
STREET ADDRESS	10 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CANNON, WILBERLY P	
STREET ADDRESS	1 NORTH TUTTLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	OP	<input type="checkbox"/> Delete
NAME	PAPA, ANTHONY T JR	
STREET ADDRESS	1 N TUTTLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PELLERIN, DAVID R	
STREET ADDRESS	10 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MOODY, ELLEN	
STREET ADDRESS	ONE AMERICNA ROW	
CITY-ST-ZIP	HARTFORD CT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ENGBERG, NANCY J	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John B. Cunningham	
STREET ADDRESS	1 North Tuttle Avenue	
CITY-ST-ZIP	Sarasota, FL 34237	
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	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. Korman	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew L. Rogal	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Jones	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter L. Smith	
STREET ADDRESS	4235 Innslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	

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 218/00 804 747 3112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date Daytime Phone #

CR2E034 (9/99)