

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90137 012 \*\*\*150.00

**DOCUMENT # 286623**

1. Entity Name

**HILB, ROGAL AND HAMILTON COMPANY OF SARASOTA**

Principal Place of Business

**4235 INNSLAKE DR.  
GLEN ALLEN VA 23060-1220**

Mailing Address

**P.O. BOX 1220  
GLEN ALLEN VA 23060-1220**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

(Suite) Apt. #, etc.

City &amp; State

Zip

Country

**4951 Lake Brook Drive****500****Glen Allen, VA****23060**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1083437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P CUNNINGHAM, JOHN B 1 NORTH TUTTLE AVE. SARASOTA FL 34237</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP VAUGHAN, MARTIN L III 4235 INNSLAKE DRIVE GLEN ALLEN VA 23060</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROGAL, ANDREW L 4235 INNSLAKE DR GLEN ALLEN VA 23060</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP KORMAN, TIMOTHY J 4235 INNSLAKE DR GLEN ALLEN VA 23060</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TYLER, BENJAMIN H 800 N MAGNOLIA AVE, SUITE 1600 ORLANDO FL 32803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SMITH, WALTER L 4235 INNSLAKE DRIVE GLEN ALLEN VA 23060</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)