

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 15, 2001 8:00 am  
Secretary of State

01-25-2001 90221 020 \*\*\*\*61.25

DOCUMENT # 706068

1. Entity Name

INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, I

Principal Place of Business

Mailing Address

P.O. BOX 16607  
TAMPA FL 33687

P.O. BOX 16607  
TAMPA FL 33687

20423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 274165

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 274165

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-6139291

Applied For

Not Applicable

Zip

33688

Country

USA

Zip

33688

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MATTOX, PAMELA~~  
~~1732 ELISE MARIE DR~~  
~~SEFENER FL 33584~~

7. Name and Address of New Registered Agent

Name

Dana Navarro (D)

Street Address (P.O. Box Number is Not Acceptable)

5401 Aragon Court

City

Tampa

FL

Zip Code

33624

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

*Dana Navarro*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/15/01

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOLLOWAY, STUART 5005 W. LAUREL ST., ST. 214 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSO, RICK JR 400 N. TAMPA ST., ST. 1900 TAMPA FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, DWIGHT 101 S FRANKLIN ST #201 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONEY, PATRICIA 311 PARK PL BLVD #400 CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President (D) Herman Peery 4830 W. Kennedy Blvd, Suite 655 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alan Cuccinello (D) 3816 S. Dale Mabry Hwy. Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

*Dana Navarro*

(Signature typed or printed name of signing officer or director)

1/15/01

Date

(813) 908-6992

Daytime Phone #

CR2E037 (10/00)