

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90015 003 ****61.25

DOCUMENT # 706068

1. Entity Name

**INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, I
NC.**

Principal Place of Business

Mailing Address

P.O. BOX 274165
TAMPA FL 33688

P.O. BOX 274165
TAMPA FL 33688

2. Principal Place of Business

3. Mailing Address

P.O. Box 1327

P.O. Box 1327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL

Zip

33568

Country

U.S.

Zip

33568

Country

U.S.

4. FEI Number

59-6139291

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

NAVARRO, DANA
5401 ARAGON COURT
TAMPA FL 33624

Name Alice Miller

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

12522 Dawn Vista Dr.

City Riverview

FL

Zip Code

33569

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

Alice Miller, Executive Director On Behalf 2/10/02

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RUSSO, RICK JR
STREET ADDRESS 400 N. TAMPA ST., ST. 1900
CITY-ST-ZIP TAMPA FL 33601 ☐ Delete

TITLE PED
NAME WILSON, DWIGHT
STREET ADDRESS 101 S FRANKLIN ST #201
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE VPD
NAME PEERY, HERMAN
STREET ADDRESS 4830 W. KENNEDY BLVD, SUITE 655
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE TD
NAME CUCCINELLE, ALAN
STREET ADDRESS 3816 S. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE President
NAME Dwight Wilson
STREET ADDRESS 101 S. Franklin St. #201
CITY-ST-ZIP Tampa, FL 33602 ☒ Change ☐ Addition

TITLE President Ekot
NAME Herman Peery
STREET ADDRESS 4830 W. Kennedy Blvd. Ste. 655
CITY-ST-ZIP Tampa, FL 33609 ☒ Change ☐ Addition

TITLE Vice President
NAME Chuck Cassetta
STREET ADDRESS 4600 W. Cypress St. Ste. 200
CITY-ST-ZIP Tampa, FL 33607 ☒ Change ☐ Addition

TITLE Treasurer
NAME Beth Bennett
STREET ADDRESS 101 S. Franklin St. #201
CITY-ST-ZIP Tampa, FL 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration (Years)

CR2E037 (9/01)