

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76798

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT MYERS

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 001 ***150.00

Principal Place of Business

1614 COLONIAL BLVD. (33907)
P.O. BOX 6188
FORT MYERS FL 33907-1130

Mailing Address

1614 COLONIAL BLVD. (33907)
P.O. BOX 6188
FORT MYERS FL 33907-1130

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 62-1135526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street
City
Tallahassee FL Zip Code
32301

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	C	<input checked="" type="checkbox"/> Delete
NAME	HILB, ROBERT H.	
STREET ADDRESS	8901 GINGER WAY COURT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PCFO	<input checked="" type="checkbox"/> Delete
NAME	ROGAL, ANDREW	
STREET ADDRESS	528 BRIARCLIFF ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DANNENHAUER, MICHAEL G	
STREET ADDRESS	6702 WILLOW LAKE CIR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DANNENHAUER, DANIEL G.	
STREET ADDRESS	3977 WOODLAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KORMAN, TIMOTHY J.	
STREET ADDRESS	11730 HAZELTON DRIVE	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel G. Dannenhauer	
STREET ADDRESS	1614 Colonial Boulevard	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	DIVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. Korman	
STREET ADDRESS	4235 Inslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	DIVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin L. Vaughan, III	
STREET ADDRESS	4235 Inslake Drive	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE	DIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter L. Smith	
STREET ADDRESS	4235 Inslake 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 Inslake 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 Inslake 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

804 747512
Daytime Phone #

CR2E034 (9/99)