

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90137 010 ***150.00

0620847 AT

DOCUMENT # F76798

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF FORT MYERS

Principal Place of Business

Mailing Address

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

**PO BOX 1220
GLEN ALLEN VA 23060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

City & State

Glen Allen, VA

Zip

Country

Zip

Country

23060

4. FEI Number

62-1135526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **VAUGHAN, MARTIN L III**
STREET ADDRESS **4235 INNSLAKE DR**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

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

TITLE **VP** ☐ Delete
NAME **ROGAL, ANDREW**
STREET ADDRESS **528 BRIARCLIFF ROAD**
CITY-ST-ZIP **PITTSBURGH PA**

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

TITLE **V** ☐ Delete
NAME **DANNENHAUER, MICHAEL G**
STREET ADDRESS **6702 WILLOW LAKE CIR**
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE **P** ☐ Delete
NAME **DANNENHAUER, DANIEL G.**
STREET ADDRESS **3977 WOODLAKE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL**

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

TITLE **DVP** ☐ Delete
NAME **KORMAN, TIMOTHY J.**
STREET ADDRESS **11730 HAZELTON DRIVE**
CITY-ST-ZIP **RICHMOND VA**

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

TITLE **DS** ☐ Delete
NAME **SMITH, WALTER L**
STREET ADDRESS **4235 INNSLAKE DR**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

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

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 #

CR2E034 (9/01)