

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006613

DOCUMENT # F76800

Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF ORLANDO

00 FEB 22 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

WOODCOCK RD
100
FL 32803

4235 INNSLAKE DR.
GLEN ALLEN VA 23060-5528
US

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 62-1135532

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MACKENZIE, J. GREGORY	
STREET ADDRESS	288 CAMBRIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, WALTER L.	
STREET ADDRESS	12319 COUNTRYVIEW DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KORMAN, TIMOTHY J	
STREET ADDRESS	11730 HAZELTON DR.	
CITY-ST-ZIP	RICHMOND. VA 00000 23236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGAL, ANDREW L.	
STREET ADDRESS	9023 NORWICK RD	
CITY-ST-ZIP	RICHMOND VA 23229	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN	
STREET ADDRESS	4200 BROMLEY LANE	
CITY-ST-ZIP	RICHMOND VA 23221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James B. Karl	
STREET ADDRESS	1040 Woodcock Road	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Smith

2/18/00

Date

804747 3112

Daytime Phone #

CR2E034 (9/99)