

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-04-2002 90137 011 ***150.00

DOCUMENT # F76800

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF ORLANDO

Principal Place of Business

**800 N MAGNOLIA AVE
 STE 1600
 ORLANDO FL 32803
 US**

Mailing Address

**4235 INNSLAKE DR.
 GLEN ALLEN VA 23060
 US**

2. Principal Place of Business

3. Mailing Address

4951 Lake Brook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

City & State

Glen Allen, VA

Zip

Country

Zip

Country

23060

4. FEI Number

62-1135532

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 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 **P** ☐ Delete
 NAME **TYLER, BENJAMIN H**
 STREET ADDRESS **800 N MAGNOLIA AVE STE 1600**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **SD** ☐ Delete
 NAME **SMITH, WALTER L.**
 STREET ADDRESS **12319 COUNTRYVIEW DR**
 CITY-ST-ZIP **GLEN ALLEN VA 23060**

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

TITLE **DV** ☐ Delete
 NAME **KORMAN, TIMOTHY J**
 STREET ADDRESS **11730 HAZELTON DR.**
 CITY-ST-ZIP **RICHMOND, VA 00000 23236**

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

TITLE **V** ☐ Delete
 NAME **ROGAL, ANDREW L.**
 STREET ADDRESS **4235 INNS LAKE DR**
 CITY-ST-ZIP **GLEN ALLEN VA 23060**

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

TITLE **T** ☐ Delete
 NAME **JONES, CAROLYN**
 STREET ADDRESS **4200 BROMLEY LANE**
 CITY-ST-ZIP **RICHMOND VA 23221**

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

TITLE **DV** ☐ Delete
 NAME **VAUGHAN, MARTIN L III**
 STREET ADDRESS **4235 INNS LAKE 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)