

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76802

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, I

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 048 ***150.00

Principal Place of Business

Mailing Address

5405 CYPRESS CTR DR 330
P. O. BOX 23968
TAMPA FL 33623

5405 CYPRESS CTR DR 330
P. O. BOX 23968
TAMPA FL 33623-3968

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

62-1135533

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

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, 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 DV
NAME ROGAL, ANDREW L
STREET ADDRESS 9023 NORWICK RD
CITY-ST-ZIP RICHMOND VA ☐ Delete

TITLE V
NAME Rogal, Andrew L. ☒ Change ☐ Addition
STREET ADDRESS 9023 Norwick Rd
CITY-ST-ZIP Richmond, VA 23229

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

TITLE DS
NAME Smith, Walter L. ☒ Change ☐ Addition
STREET ADDRESS 12319 Countryview Drive
CITY-ST-ZIP Glen Allen, VA 23060

TITLE P
NAME DANNENHAUER, DAN
STREET ADDRESS 3977 WOODLAKE DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE P
NAME Sylvester, David E. ☐ Change ☒ Addition
STREET ADDRESS 5405 Cypress Ctr. Drive
CITY-ST-ZIP Tampa, FL 33623

TITLE S
NAME KORMAN, TIM
STREET ADDRESS 11730 HAZELTON DRIVE
CITY-ST-ZIP RICHMOND VA ☐ Delete

TITLE DV
NAME Korman, Timothy J. ☒ Change ☐ Addition
STREET ADDRESS 11730 Hazelton Drive
CITY-ST-ZIP Richmond, VA 23236

TITLE DT
NAME KORMAN, TIMOTHY J
STREET ADDRESS 11730 HAZELTON DRIVE
CITY-ST-ZIP RICHMOND VA ☒ Delete

TITLE DV
NAME Vaughan, III, Martin L. ☐ Change ☒ Addition
STREET ADDRESS 3809 Rupert Lane
CITY-ST-ZIP Richmond, VA 23233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Jones, Carolyn
STREET ADDRESS 4200 Bromley Lane
CITY-ST-ZIP Richmond, VA 23221 ☐ Change ☒ Addition

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

Date

Daytime Phone #

4/24/00

808 747 6800