

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90896 004 ***150.00

0434072 AV

DOCUMENT # F76802

1. Entity Name

HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, I NC.

Principal Place of Business

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

Mailing Address

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

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**

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 **V** ☐ Delete
NAME **ROGAL, ANDREW L**
STREET ADDRESS **9023 NORWICK RD**
CITY-ST-ZIP **RICHMOND VA 23229**

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

TITLE **DS** ☐ 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 **P** ☐ Delete
NAME **SYLVESTER, DAVID E**
STREET ADDRESS **5405 CYPRESS CTR DR**
CITY-ST-ZIP **TAMPA FL 33623**

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

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

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

TITLE **DV** ☐ Delete
NAME **VAUGHAN, MARTIN L III**
STREET ADDRESS **3809 RUPERT LANE**
CITY-ST-ZIP **RICHMOND VA 23221**

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

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

3/22/02
Date

804-747-3175
Daytime Phone #

CR2E034 (9/01)