

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10624

1. Entity Name

HUNT INSURANCE GROUP, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90070 023 \*\*\*150.00

Principal Place of Business

C/O JOHN E HUNT, JR.  
2324 CENTERVILLE RD.  
TALLAHASSEE FL 32308-4318

Mailing Address

C/O JOHN E HUNT, JR.  
2324 CENTERVILLE RD.  
TALLAHASSEE FL 32308-4318

2. Principal Place of Business

3. Mailing Address

P.O. Box 1220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Allen, VA

Zip

Country

23060

U.S.

4. FEI Number 59-2422893

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

CORPORATION 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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
HUNT, JOHN E JR  
2324 CENTERVILLE RD  
TALLAHASSEE FL 32308-4318 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ROGAL, ANDREW L  
4235 INNS LAKE DRIVE  
GLEN ALLEN VA 23060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JONES, CAROLYN  
4235 INNS LAKE DRIVE  
GLEN ALLEN VA 23060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SMITH, WALTER L  
4235 INNS LAKE DRIVE  
GLEN ALLEN VA 23060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
KORMAN, TIMOTHY J  
4235 INNS LAKE DRIVE  
GLEN ALLEN VA 23060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
VAUGHAN, MARTIN L III  
4235 INNS LAKE DRIVE  
GLEN ALLEN VA 23060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

1/29/01

Date

Daytime Phone #

CR2E034 (10/00)