

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16549

1. Entity Name

ROSS INSURANCE OF FLORIDA, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90123 047 ***150.00

Principal Place of Business

Mailing Address

5391 NOB HILL ROAD
SUNRISE FL 33351

5391 NOB HILL ROAD
SUNRISE FL 33310-5727

00034204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5900 N. Andrews Ave

Suite, Apt. #, etc.

Ste. 300

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

Zip

Country

4. FEI Number

59-2445801

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

JEFFREY LEGGETT
5391 NOB HILL RD
SUNRISE FL 33351

Name

Laurel L. Grammig

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

401 E Jackson St. Ste. 1700

City

Tampa

FL

Zip Code

33602

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

Laurel L. Grammig

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

2/18/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, JAMES 5391 NOB HILL RD SUNRISE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G Hyatt Brown 220 S. Ridgewood Ave Daytona Beach FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEGGETT, JEFFREY 5391 NOB HILL RD SUNRISE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, D Laurel L. Grammig 401 E Jackson St. Ste. 1700 Tampa FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tom Riley 5900 N Andrews Ave Ste 300 Ft. Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Valerie Pellerin 5900 N Andrews St., Ste. 300 Ft. Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Henderson 220 S Ridgewood Ave Daytona Bch FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Laurel L. Grammig* 2/18/00 813-222-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)