

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # H16549**1. Entity Name
ROSS INSURANCE OF FLORIDA, INC.

Principal Place of Business

5900 N ANDREWS AVE
STE 300
FORT LAUDERDALE
33309

FL

US

Mailing Address

5391 NOB HILL ROAD
SUNRISE
33351

FL

2. Principal Place of Business

3. Mailing Address
5900 N ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 300

City & State

City & State
FORT LAUDERDALE

FL

Zip

Country

Zip

Country

33309

4. FEI Number

59-2445801

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

GRAMMIG LAUREL L
401 E JACKSON ST
STE 1700
TAMPA
33602

FL

7. Name and Address of New Registered Agent

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 _____ **04/19/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MENDERSON JIM | |
| STREET ADDRESS | 220 S RIDGEWOOD AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PELLERIN VALORIE | |
| STREET ADDRESS | 5900 N ANDREWS ST STE 300 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RILEY TOM | |
| STREET ADDRESS | 5900 N ANDREWS AVE STE 300 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | GRAMMIG LAUREL L | |
| STREET ADDRESS | 401 E JACKSON ST STE 1700 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | BROWN J H | |
| STREET ADDRESS | 220 S RIDGEWOOD AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER CORY T | |
| STREET ADDRESS | 220 S RIDGEWOOD AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | VPAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONEGAN, JR THOMAS M | |
| STREET ADDRESS | 401 E. JACKSON ST. STE. 1700 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: LAUREL L. GRAMMIG

VPS

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)