

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H61810

FILED
Apr 01, 2003
Secretary of State

Entity Name: THE CONNELLY INSURANCE GROUP, INC.

Current Principal Place of Business:

630 CHESTNUT STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1348
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-2541124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L
401 E. JACKSON ST.
STE. 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROWN, J. HYATT
Address: 220 S. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P () Delete
Name: BRIDGES, C. ROY
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

Title: VPSD () Delete
Name: GRAMMIG, LAUREL L
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

Title: VPAS () Delete
Name: DONEGAN, THOMAS M
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPAS (X) Delete
Name: WELLMAN, M. CATHERINE
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG

VPS

04/01/2003

Electronic Signature of Signing Officer or Director

Date