

2000 UNIFORM BUSINESS REPORT (UBR)

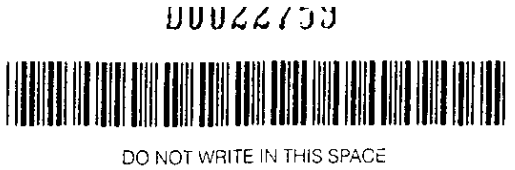
DOCUMENT # P95000039699

Entity Name  
CONDOMINIUM FLOOD INSURANCE AGENCY, INC.

FILED  
Feb 20, 2000 8:00 am  
Secretary of State  
02-20-2000 90059 042 \*\*\*150.00

Principal Place of Business      Mailing Address  
CORPORATE DRIVE      4235 INSLAKE DR  
100      GLEN ALLEN VA 23060-5528  
LAUDERDALE FL 33334

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



6. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	DVP KORMAN, TIMOTHY J 4235 INNSLAKE DR GLEN ALLEN VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	DVP ROGAL, ANDREW L 4235 INNSLAKE DRIE GLEN ALLEN VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Andrew L. Rogal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4235 Innslake Drive Glen Allen, VA 23060
ST-ZIP	DS SMITH, WALTER L 4235 INNSLAKE DR GLEN ALLEN VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	T JONES, CAROLYN 4235 INNSLAKE DR GLEN ALLEN VA 23060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	P DANNENHAUER, DANIEL G 1614 COLONIAL BOULEVARD FORT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	V <input checked="" type="checkbox"/> Delete DANNENHAUER, DANIEL G 1614 COLONIAL BOULEVARD FORT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Martin L. Vaughan III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4235 Innslake Drive Glen Allen, VA 23060

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: Walter L. Smith      2/10/00      844 747 6500

CR2E034 (9/99)