

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90118 030 ***150.00

DOCUMENT # P95000039699

1. Entity Name

CONDOMINIUM FLOOD INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

1000 CORPORATE DRIVE
 SUITE 100
 FORT LAUDERDALE FL 33334

4235 INSLAKE DR
 GLEN ALLEN VA 23060

2. Principal Place of Business

5405 Cypress Center Dr

3. Mailing Address

P.O. Box 1226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

Tampa, Florida

Zip

33609

Country

U.S.

City & State

Glen Allen, VA

Zip

23060

Country

U.S.

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

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	KORMAN, TIMOTHY J	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGAL, ANDREW L	
STREET ADDRESS	4235 INNSLAKE DRIE	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, WALTER L	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANNENHAUER, DANIEL G	
STREET ADDRESS	1614 COLONIAL BOULEVARD	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VAUGHAN, MARTIN L III	
STREET ADDRESS	4235 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Smith

Date

1-19-01

Daytime Phone #

804-747-3112

CR2E034 (10/00)