

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90066 006 ***150.00

DOCUMENT # P95000039699

1. Entity Name

CONDOMINIUM FLOOD INSURANCE AGENCY, INC.

Principal Place of Business

**5405 CYPRESS CENTER DR
 SUITE 330
 TAMPA FL 33609**

Mailing Address

**PO BOX 1220
 GLEN ALLEN VA 23060**

2. 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

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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, 2002 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 ☐ Delete
 NAME **DVP**
 STREET ADDRESS **KORMAN, TIMOTHY J**
 CITY-ST-ZIP **4235 INNSLAKE DR
 GLEN ALLEN VA 23060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ROGAL, ANDREW L**
 CITY-ST-ZIP **4235 INNSLAKE DRIE
 GLEN ALLEN VA 23060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **SMITH, WALTER L**
 CITY-ST-ZIP **4235 INNSLAKE DR
 GLEN ALLEN VA 23060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **JONES, CAROLYN**
 CITY-ST-ZIP **4235 INNSLAKE DR
 GLEN ALLEN VA 23060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **DANNENHAUER, DANIEL G**
 CITY-ST-ZIP **1614 COLONIAL BOULEVARD
 FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **VAUGHAN, MARTIN L III**
 CITY-ST-ZIP **4235 INNSLAKE DR
 GLEN ALLEN VA 23060**

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date

804-342-3175
 Daytime Phone #

CR2E034 (9/01)