

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 036 ***150.00

DOCUMENT # PA5000056871 ✓

1. Entity Name

Water Street Insurance Agency, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
225 Water Street
Suite, Apt. #, etc.

3. Mailing Address
Two Wachovia Center
Suite, Apt. #, etc.
NC0200, J.Camp

City & State
Jacksonville, FL

City & State
Charlotte, NC

4. FEI Number
59-3323039

Applied For
☐ Not Applicable

Zip
32218

Country
USA

Zip
28288-0200

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Prentice-Hall Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL **Zip Code**
32301

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	David J. DeGorter
STREET ADDRESS	One Wachovia Center
CITY - ST - ZIP	Charlotte, NC 28288
TITLE	Asst. VP
NAME	Sandy Cavaness
STREET ADDRESS	Two Wachovia Center
CITY - ST - ZIP	Charlotte, NC 28288
TITLE	Secretary
NAME	Daniel Glassberg
STREET ADDRESS	One Wachovia Center
CITY - ST - ZIP	Charlotte, NC 28288
TITLE	Treasurer
NAME	James H. Hatch
STREET ADDRESS	Two Wachovia Center
CITY - ST - ZIP	Charlotte, NC 28288
TITLE	Director
NAME	Harry C. Laderer
STREET ADDRESS	One Wachovia Center
CITY - ST - ZIP	Charlotte, NC 28288
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandy Cavaness **Sandy Cavaness, AVP 4/18/02 704-374-6841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #