

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073165

1. Entity Name
AMSOUTH INSURANCE AGENCY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State
09-12-2000 90005 024 ***550.00

Principal Place of Business
100 NORTH TAMPA STREET
34TH FLOOR
TAMPA FL 33601

Mailing Address
100 NORTH TAMPA STREET
34TH FLOOR
TAMPA FL 33601

A0076111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-3358720

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME KENDALL, VALERIE A
STREET ADDRESS 100 NORTH TAMPA STREET, #3400
CITY-ST-ZIP TAMPA FL 36602 ☐ Delete

TITLE S
NAME HOPPER, JOHN W.
STREET ADDRESS 1901 6TH AVENUE NORTH SUITE 920
CITY-ST-ZIP BIRMINGHAM AL 35203 ☐ Delete

TITLE AS
NAME SEFTON, JOHN
STREET ADDRESS 200 LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE P
NAME SANDERSON, SCOTT
STREET ADDRESS 13535 FEATHERSOUND DRIVE
CITY-ST-ZIP CLEARWATER FL 34622 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ASST. SECRETARY
NAME MICHELLE BRIDGES
STREET ADDRESS 1901 6TH AVE NORTH SUITE 920
CITY-ST-ZIP BIRMINGHAM, AL 35203 ☒ Change ☐ Addition

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

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

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

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

9/8/00 205/326/4942
Date Daytime Phone #

CR2E034 (5/00)