

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90066 003 ***150.00

DOCUMENT # P96000045899

1. Entity Name

HILB, ROGAL AND HAMILTON E&S SERVICES OF FLORIDA, INC.

Principal Place of Business

**1040 WOODCOCK RD
100
ORLANDO FL 32803**

Mailing Address

**4235 INNSLAKE DR
GLEN ALLEN VA 23060**

2. Principal Place of Business

3. Mailing Address

4951 Lake Brook Drive

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

500

City & State

Glen Allen VA

4. FEI Number

59-3382167

Applied For

Not Applicable

Zip

Country

Zip

Country

23060

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

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

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

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

TITLE **DV** ☐ Delete
NAME **KORMAN, TIMOTHY J**
STREET ADDRESS **4235 INNSLAKE DRIVE**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

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

TITLE **P** ☐ Delete
NAME **DANNENHAUER, DANIEL G**
STREET ADDRESS **5405 CYPRESS CENTER DR STE 330**
CITY-ST-ZIP **TAMPA FL 33609**

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

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

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

TITLE **DV** ☐ Delete
NAME **VAUGHAN, MARTIN L III**
STREET ADDRESS **4235 INNSLAKE DRIVE**
CITY-ST-ZIP **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

804-747-3175
Daytime Phone #

CR2E034 (9/01)