

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049123

1. Entity Name

FIRST UNION INSURANCE AGENCY OF FL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90056 004 ***150.00

Principal Place of Business

Mailing Address

CORPORATE TAX DIVISION, NC0200
TWO FIRST UNION CENTER
CHARLOTTE NC 28288-0200

CORPORATE TAX DIVISION, NC0200
TWO FIRST UNION CENTER
CHARLOTTE NC 28288

2. Principal Place of Business

17985 GULF BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

REDINGTON, FL

City & State

Zip

33708

Country

USA

Zip

Country

4. FEI Number

59-3387886

Applied For

Not Applicable

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D COWELL, MARION A JR 301 SOUTH COLLEGE STREET 31ST FLOOR CHARLOTTE NC 28288	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGORTER, DAVID J ONE FIRST UNION CENTER CHARLOTTE NC 28288	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, DAVID W TWO FIRST UNION CENTER CHARLOTTE NC 28288	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATHAWAY, KENT S ONE FIRST UNION CENTER CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATCH, JAMES TWO FIRST UNION CENTER CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, ROBERT T ONE FIRST UNION CENTER CHARLOTTE NC	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D DAVID J. DEGORTER ONE FIRST UNION CENTER CHARLOTTE NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 DANIEL GLASSBERG ONE FIRST UNION CENTER CHARLOTTE, NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HARRY C. LADERER ONE FIRST UNION CENTER CHARLOTTE NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

David W. Reed

DAVID W. REED

4-20-00

704-374-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)