

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90931 046 ***150.00

DOCUMENT # P96000049123

1. Entity Name

FIRST UNION INSURANCE AGENCY OF FL, INC.

Principal Place of Business	Mailing Address
17985 Gulf Boulevard Redington, FL 33708	Corporate Tax, NC0200 Two First Union Center Charlotte, NC 28288

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

C0058638

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3387886	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301	
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 \$150.00
After MAY 1, 2001 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	President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David J. DeGorter	NAME	
STREET ADDRESS	One First Union Center	STREET ADDRESS	
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Ahern	NAME	
STREET ADDRESS	Two First Union Center	STREET ADDRESS	
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Glassberg	NAME	
STREET ADDRESS	One First Union Center	STREET ADDRESS	
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP	
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Hatch	NAME	
STREET ADDRESS	Two First Union Center	STREET ADDRESS	
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry C. Laderer	NAME	
STREET ADDRESS	Three First Union Center	STREET ADDRESS	
CITY - ST - ZIP	Charlotte, NC 28288	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  James W. Ahern, VP 4/23/01 704-374-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #