

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90041 027 ***150.00

DOCUMENT # P96000049123

1. Entity Name

FIRST UNION INSURANCE AGENCY OF FL, INC.

Principal Place of Business

**17985 GULF BLVD.
 REDINGTON FL 33708**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

TWO WACHOVIA CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NC0200, J. CAMP

City & State

City & State

CHARLOTTE NC

Zip

Country

Zip

Country

28288

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLASSBERG, DANIEL ONE FIRST UNION CENTER CHARLOTTE NC 28288	<input 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 LADERER, HARRY C ONE FIRST UNION CENTER CHARLOTTE NC 28288	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DE GORTER, DAVID J. ONE WACHOVIA CENTER CHARLOTTE NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. VP CAVANESS, SANDY TWO WACHOVIA CENTER CHARLOTTE, NC 28288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLASSBERG, DANIEL ONE WACHOVIA CENTER CHARLOTTE, NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATCH, JAMES H. TWO WACHOVIA CENTER CHARLOTTE, NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADERER, HARRY C. ONE WACHOVIA CENTER CHARLOTTE, NC 28288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

SANDY CAVANESS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. VP

4-18-12 704/374-6841
 Date Daytime Phone #

CR2E034 (9/01)