

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90121 047 \*\*\*150.00

**DOCUMENT # 259960**

1. Entity Name

**COLUMBIA TITLE OF FLORIDA INC**

Principal Place of Business

**1826 PONCE DE LEON BL  
 CORAL GABLES FL 33134**

Mailing Address

**1360 S DIXIE HWY  
 CORAL GABLES FL 33146-2904**

**912004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1004119**

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

7. Name and Address of New Registered Agent

**SHUFFIELD, RONALD A  
 1360 S DIXIE HWY  
 CORAL GABLES FL 33146**

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	VP	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARJORIE S	
STREET ADDRESS	1826 PONCE DE LEON BL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	HARPER, ALLEN C	
STREET ADDRESS	1360 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNT, DOUGLAS L	
STREET ADDRESS	1360 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEANDRADE, MARIA, I	
STREET ADDRESS	1826 PONCE DE LEON BL	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEWMeyer, JAMES E	
STREET ADDRESS	1360 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHUFFIELD, RONALD A	
STREET ADDRESS	1360 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:** *Douglas L. Yount* **REQUIRED** Douglas L. Yount **1/21/00** **305-444-3737**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)