

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410234

1. Entity Name

GULF STREAM TITLE COMPANY OF MIAMI

Principal Place of Business

615 NE 124 ST
MIAMI FL 33161

Mailing Address

17911 VON KARMAN
300
IRVINE CA 92614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1439766

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Vicky Goldstein

**VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY**

10/31/00

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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
NAME PD MAUDSLEY, RONALD R.
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE Delete
NAME T NEUREUTER, HOLLY
STREET ADDRESS 280 WEKIVA SPRINGS ROAD, #148
CITY-ST-ZIP LONGWOOD FL

TITLE Delete
NAME CD FOLEY, WILLIAM P I
STREET ADDRESS ~~3916 STATE STREET, SUITE 300~~
CITY-ST-ZIP ~~SANTA BARBARA CA 93105~~

TITLE Delete
NAME V GLENN, SUSAN KAY
STREET ADDRESS 615 N.E. 124TH STREET
CITY-ST-ZIP NORTH MIAMI FL

TITLE Delete
NAME S KANE, M'LISS JONES
STREET ADDRESS 17911 VON KARMAN STE 300
CITY-ST-ZIP IRVINE CA

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 700003464807--4
STREET ADDRESS -11/15/00--01093--021
CITY-ST-ZIP ****750.00 ****750.00

REINSTATEMENT 2000

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS 4050 Calle Real, Suite 200
CITY-ST-ZIP Santa Barbara, CA 93110

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME Secretary
STREET ADDRESS Brigante, Brad J.
CITY-ST-ZIP 4050 Calle Real, Suite 220
Santa Barbara, CA 93110

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

Brad J. Brigante, Secretary

Date

Daytime Phone #

APPROVED AND FILED

00 NOV -6 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/00)