

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90078 029 ***150.00

0561019 AV

DOCUMENT # 524660

1. Entity Name

TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.

Principal Place of Business

**401 S INDIAN RIVER DRIVE
 FT. PIERCE FL 34950**

Mailing Address

**401 S INDIAN RIVER DRIVE
 FT. PIERCE FL 34950**

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

59-1718704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FEE, FRANK H III
 401 A S. INDIAN RIVER DRIVE
 FT. PIERCE FL 34950**

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEE, FRANK H. III	
STREET ADDRESS	401A S. INDIAN RV. DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FEE, LEVAN N.	
STREET ADDRESS	2821 S. INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIDLE DEWITT, BRENDA J	
STREET ADDRESS	401 B SOUTH INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELYN B. BREWER	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN N.	
STREET ADDRESS	2821 S. INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA L. BOLTON	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE S. MOORE	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
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 all other like empowered.

SIGNATURE:

FRANK H. FEE, III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK H. FEE, III, Pres. 3/1/02

(561) 461-7190

Date

Daytime Phone #

CR2E034 (9/01)