

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90091 026 \*\*\*150.00

DOCUMENT # **643498** ✓

1. Entity Name

**AMERICAN HOME TITLE INSURANCE, INC.**

Principal Place of Business

Mailing Address

2901 W. Busch Blvd.  
 Suite 910  
 Tampa, FL 33618

2901 W. Busch Blvd.  
 Suite 910  
 Tampa, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2346160**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0046225**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Karen Manning**  
**518 Lakewood Drive**  
**Oldsmar, FL 34677**

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 **Karen Manning**

Signature, typed or printed name of registered agent and title if applicable.

*Karen Manning*

(NOTE: Registered Agent signature required when reinstating)

**3/30/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Delete <b>Karen Manning</b> <b>518 Lakewood Drive</b> <b>Oldsmar, FL 34677</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input type="checkbox"/> Delete <b>Lyn Carver</b> <b>6510 Walton Way</b> <b>Tampa, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Delete <b>Joyce Wilson</b> <b>130 4th Ave. North, #605</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Delete <b>Sherry Steele</b> <b>3911 Northhampton Way</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer</b> <input type="checkbox"/> Delete <b>Wendi McAleese</b> <b>14714 Clarendon Drive</b> <b>Tampa, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Delete <b>Tammy Mehl</b> <b>19828 Alabama Road</b> <b>Spring Hill, FL 34610</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

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: *Karen Manning* **Karen Manning** GOV  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01**  
 Date

**813.933.3322**  
 Daytime Phone #