

# 2001 UNIFORM BUSINESS REPORT (UBR)

0443311

DOCUMENT # F98000001677

1. Entity Name

WESTMINSTER ABSTRACT COMPANY

FILED

01 APR 25 PM 4: 37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3103 PHILMONT AVE.  
HUNTINGDON VALLEY PA 19006

Mailing Address

3103 PHILMONT AVE.  
HUNTINGDON VALLEY PA 19006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2671937**

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

SCHMIDT, WILLIAM N  
190 OLD COUNTRY RD  
WEST PALM BEACH FL 33414

Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City  
**Plantation** FL Zip Code  
**33324**

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

*Connie Bryan*

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

4/25/01

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, 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	CSD	<input type="checkbox"/> Delete
NAME	GARY, KENNETH J	
STREET ADDRESS	3103 PHILMONT AVE.	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOSCONY, CHARLES E	
STREET ADDRESS	3103 PHILMONT AVE.	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	
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		

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

**100004163621--7**  
**-05/08/01--01142--016**  
**\*\*\*\*150.00 \*\*\*\*150.00**

*[Handwritten Signature]*

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:

*[Handwritten Signature]*

**Kenneth J. Gary**  
**Chief Executive Officer** 4/19/01 (215) 938-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)