

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90031 007 \*\*\*150.00

DOCUMENT # **G91122**

1. Entity Name

**TOWN & COUNTRY TITLE GUARANTY OF HOLLYWOOD, INC.**

820894



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6565 TAFT STREET, SUITE 101 HOLLYWOOD FL 33024	Mailing Address 6565 TAFT STREET, SUITE 101 HOLLYWOOD FL 33024-4000
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2377561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, RALPH B., III**  
**8165 N.W. 47TH DRIVE**  
**CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name: **B. J. REEVES ESQ**  
 Street Address (P.O. Box Number is Not Acceptable): **# 102**  
**6565 TAFT ST**  
 City: **HOLLYWOOD FL** Zip Code: **33024**

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]* **B. J. REEVES** DATE: **3-6-00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLS, RALPH B. III 8165 N.W. 47TH DRIVE CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLS, DANEEN S. 8165 N.W. 47TH DRIVE CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISS, JAMES K 234 SW 159TH AVENUE SUNRISE FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENGLE, BARBARA 2805 MORNING GLORY LANE DAVIE FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE spelling correction <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARBARA ENGEL</b> <b>2805 MORNING GLORY LANE</b> <b>DAVIE, FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **RALPH B. MILLS III** DATE: **3-6-00** 954  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **963-4740**

CR2E034 (9/99)