

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91122

1. Entity Name

TOWN & COUNTRY TITLE GUARANTY OF HOLLYWOOD, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90007 043 \*\*\*150.00

Principal Place of Business

6565 TAFT STREET, SUITE 101  
HOLLYWOOD FL 33024

Mailing Address

6565 TAFT STREET, SUITE 101  
HOLLYWOOD FL 33024

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 59-2377561

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

REEVES, B J  
6565 TAFT ST  
#102  
HOLLYWOOD FL 33024

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, 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 PSD  
NAME MILLS, RALPH B. III  
STREET ADDRESS 8165 N.W. 47TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD  
NAME MILLS, DANEEN S.  
STREET ADDRESS 8165 N.W. 47TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME WEISS, JAMES K  
STREET ADDRESS 234 SW 159TH AVENUE  
CITY-ST-ZIP SUNRISE FL 33326 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ENGEL, BARBARA  
STREET ADDRESS 2805 MORNING GLORY LANE  
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE V D  
NAME ENGEL, BARBARA  
STREET ADDRESS 2805 MORNING GLORY LANE  
CITY-ST-ZIP DAVIE, FL 33328 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)