

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

FILED

00 MAR 23 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # H92627

1. Entity Name  
**CHELSEA TITLE COMPANY**

Principal Place of Business  
**493 E SEMORAN BLVD.  
CASSELBERRY FL 32707**

Mailing Address  
**493 E SEMORAN BLVD.  
CASSELBERRY FL 32707-4912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2872587**

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

**DANIELS, GEORGE  
493 E SEMORAN BLVD.  
CASSELBERRY FL 32707**

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, 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, GEORGE			NAME			
STREET ADDRESS	493 E SEMORAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LASSITER, ROY			NAME			
STREET ADDRESS	493 E SEMORAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BARBARA LEE MS			NAME			
STREET ADDRESS	493 E SEMORAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZER, BARRY J			NAME			
STREET ADDRESS	493 E SEMORAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUMSEY, STEPHEN T			NAME			
STREET ADDRESS	493 E SEMORAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 12 or 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 800-393-9762  
Date Daytime Phone #

CR2E034 (9/99)

**2000 UNIFORM BUSINESS REPORT  
ADDITIONAL OFFICERS AND DIRECTORS  
OF CHELSEA TITLE COMPANY**

The names and addresses of additional officers and/or directors for Chelsea Title Company are as follows:

Walter Roger Haughton  
601 Montgomery Street  
San Francisco, CA 94111

D

John Martin Lorenzen  
601 Montgomery Street  
San Francisco, CA 94111

D

Bradley Mize Shuster  
601 Montgomery Street  
San Francisco, CA 94111

D

Claude Joseph Seaman  
601 Montgomery Street  
San Francisco, CA 94111

D