

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11060

1. Entity Name
OKEECHOBEE ABSTRACT & TITLE INSURANCE, INC.

Principal Place of Business
302 NORTHWEST 3RD STREET
OKEECHOBEE FL 34972

Mailing Address
302 NORTHWEST 3RD STREET
OKEECHOBEE FL 34972

2. Principal Place of Business
207 Northwest 2nd Street

3. Mailing Address
207 Northwest 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Okeechobee, FL

City & State
Okeechobee, FL

4. FEI Number 65-0146414

Applied For
Not Applicable

Zip Country
34972 USA

Zip Country
34972 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, R.H.
302 N.W. 3RD STREET
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name
R.H. Barber
Street Address (P.O. Box Number is Not Acceptable)
207 Northwest 2nd Street
City Okeechobee FL Zip Code 34972

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME BARBER, R.H.
STREET ADDRESS 302 N.W. 3RD STREET
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE VD
NAME BARBER, THOMAS W.
STREET ADDRESS 302 N.W. 3RD STREET
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 207 Northwest 2nd Street
CITY-ST-ZIP Okeechobee, FL 34972

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 207 Northwest 2nd Street
CITY-ST-ZIP Okeechobee, FL 34972

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90259 050 ***550.00

NOV83735



DO NOT WRITE IN THIS SPACE

0130080 AT

CR2E034 (5/01)