2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 259960

Entity Name: COLUMBIA TITLE OF FLORIDA INC

Current Principal Place of Business:

1826 PONCE DE LEON BL
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1360 S DIXIE HWY
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1004119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUFFIELD, RONALD A
1360 S DIXIE HWY
CORAL GABLES, FL 33146

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	COBD	( ) Delete
Name:	HARPER, ALLEN C	
Address:	1360 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	PD	( ) Delete
Name:	YOUNT, DOUGLAS L	
Address:	1360 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	VP	( ) Delete
Name:	DEANDRADE, MARIA, I,	
Address:	1826 PONCE DE LEON BL	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	EVPD	( ) Delete
Name:	NEWMEYER, JAMES E	
Address:	1360 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	STD	( ) Delete
Name:	SHUFFIELD, RONALD A	
Address:	1360 S DIXIE HWY	
City-St-Zip:	CORAL GABLES, FL 33146	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A. SHUFFIELD STD 04/29/2003

Electronic Signature of Signing Officer or Director — Date