

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 002915

1. Entity Name

ALACHUA COUNTY ABSTRACT COMPANY

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 009 ***150.00

Principal Place of Business

Mailing Address

215 SE 2ND AVE
GAINESVILLE FL 32601

2075 CENTRE POINTE BLVD
TALLAHASSEE FL 32308-4893

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0137740

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

Lajoie, John T
1ST AMERICA TITLE INSURANCE COMPANY
2075 CENTRE POINTE BLVD
TALLAHASSEE FL 32308

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MICHAEL W. CONWAY | |
| STREET ADDRESS | 2075 CENTRE POINTE BLVD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | Lajoie, John T | |
| STREET ADDRESS | 2075 CENTRE POINTE BLVD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WAYNE L. MARTIN | |
| STREET ADDRESS | 215 SE 2ND AVE. | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ZEIGLER, BILLYE | |
| STREET ADDRESS | 2807 REMINGTON GREEN CIR | |
| CITY-ST-ZIP | TALL FL 32308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHN N. CASBON | |
| STREET ADDRESS | 510 BIENVILLE ST. | |
| CITY-ST-ZIP | NEW ORLEANS LA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

(850)402-4101

Daytime Phone #

CR2E034 (9/99)