

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 002915

FILED
Jan 22, 2003
Secretary of State

Entity Name: ALACHUA COUNTY ABSTRACT COMPANY

Current Principal Place of Business:

215 SE 2ND AVE
GAINESVILLE FLA, 32601

New Principal Place of Business:

215 SE 2ND AVE
GAINESVILLE, FL 32601

Current Mailing Address:

2075 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0137740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L.AJOIE, JOHN T
1ST AMERICA TITLE INSURANCE COMPANY
2075 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

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: PD () Delete
Name: MICHAEL W. CONWAY,
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: LAJOIE, JOHN T
Address: 2075 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: WAYNE L. MARTIN,
Address: 215 SE 2ND AVE.
City-St-Zip: GAINESVILLE, FL

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:

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: MICHAEL CONWAY

PD

01/22/2003

Electronic Signature of Signing Officer or Director

_____ Date