

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90080 006 ***150.00

629145



DO NOT WRITE IN THIS SPACE

DOCUMENT # 011196			
1. Entity Name TITLE & TRUST COMPANY OF FLORIDA			
Principal Place of Business 201 SOUTH ORANGE AVE SUITE 1350 ORLANDO FL 32804		Mailing Address 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND VA 23235 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0482980		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JAMES W 201 SOUTH ORANGE AVE SUITE 1350 ORLANDO FL 32804			
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	101 GATEWAY CENTRE PKWY, GATEWAY 1		
CITY-ST-ZIP	RICHMOND VA 23235		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	101 GATEWAY CENTRE PKWY, GATEWAY 1		
CITY-ST-ZIP	RICHMOND VA 23235		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	101 GATEWAY CENTRE PKWY, GATEWAY 1		
CITY-ST-ZIP	RICHMOND VA 23235		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	101 GATEWAY CENTRE PKWY, GATEWAY 1		
CITY-ST-ZIP	RICHMOND VA 23235		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	101 GATEWAY CNTR PKWY GATEWAY 1		
CITY-ST-ZIP	ORLANDO FL 32804		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	201 SOUTH ORANGE AVE STE 1350		
CITY-ST-ZIP	ORLANDO FL 32804		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>W. Riker Purcell</i>		W. Riker Purcell 2/13/2001 (804) 267-8330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)