

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90253 004 ***150.00

DOCUMENT # 110319

1. Entity Name
FLORIDA TITLE GROUP, INC.

Principal Place of Business

**1300 RIVERPLACE BLVD
 SUITE 610
 JACKSONVILLE FL 32207
 US**

Mailing Address

**1300 RIVERPLACE BLVD
 SUITE 610
 JACKSONVILLE FL 32207
 US**

2. Principal Place of Business

6215 Wilson Blvd.

3. Mailing Address

P.O. Box 7779

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32210

City & State

Jacksonville, FL 32238

4. FFI Number

59-0248560

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

**BURPEE, A.L. JR.
 1300 RIVERPLACE BLVD
 SUITE 610
 JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

6215 Wilson Blvd

City

Jacksonville

State

FL 32210

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's signature required when resigning)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE: **VD** ☐ Delete
 NAME: **TOWERS, C.D. JR.**
 STREET ADDRESS: **1300 RIVERPLACE BLVD. SUITE 610**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

TITLE: ☒ Change ☐ Addition
 NAME: **1301 Riverplace Blvd. Suite 1500**
 STREET ADDRESS: **Jacksonville, FL 32207**

TITLE: **VD** ☐ Delete
 NAME: **LYERLY, JEAN B.**
 STREET ADDRESS: **1300 RIVERPLACE BLVD. SUITE 610**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

TITLE: ☒ Change ☐ Addition
 NAME: **6215 Wilson Blvd.**
 STREET ADDRESS: **Jacksonville, FL 32210**

TITLE: **SD** ☒ Delete
 NAME: **LYLE ML**
 STREET ADDRESS: **1300 RIVERPLACE BLVD., SUITE 610**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

TITLE: ☐ Change ☒ Addition
 NAME: **DVS**
 STREET ADDRESS: **Velta Sorrell**
 CITY-STATE-ZIP: **1301 Riverplace Blvd. Suite 1500**
Jacksonville, FL 32207

TITLE: **VD** ☐ Delete
 NAME: **BURPEE, A. L. JR**
 STREET ADDRESS: **1300 RIVERPLACE BLVD., SUITE 610**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

TITLE: ☒ Change ☐ Addition
 NAME: **6215 Wilson Blvd.**
 STREET ADDRESS: **Jacksonville, FL 32210**

TITLE: **VAS** ☐ Delete
 NAME: **BRANNEN, WILLIAM M.**
 STREET ADDRESS: **1300 RIVERPLACE BLVD. SUITE 610**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

TITLE: ☒ Change ☐ Addition
 NAME: **6215 Wilson Blvd.**
 STREET ADDRESS: **Jacksonville, FL 32210**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a different like empowered.

SIGNATURE: *A.L. Burpee, Jr.*

A.L. Burpee, Jr.

4/12/01

904/778-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (10/00)