

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90293 049 \*\*\*150.00

**DOCUMENT # 196060**

1. Entity Name  
**FLORIDA LAND TITLE CO.**



Principal Place of Business  
**3401 W. CYPRESS ST.  
TAMPA FL 33607  
US**

Mailing Address  
**PO B O X 1363  
TAMPA FL 33602-5146  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0785229**

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

**GIBBONS, TUCKER, MILLER, WHATL  
101 E. KENNEDY BLVD., SUITE 1000  
P.O. BOX 1363  
TAMPA FL 33601**

Name

**Harold E. Hickman**

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

**3401 West Cypress Street**

City

**Tampa**

**FL**

Zip Code  
**33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>HICKMAN, HAROLD<br/>3401 W. CYPRESS ST.<br/>TAMPA FL 33607</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>Smith, Rick<br/>3401 West Cypress Street<br/>Tampa, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>COFER, JOSEPH B.<br/>540 BOSPHORUS AVENUE<br/>TAMPA FL</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Ass't SD<br/>Lancaster, Whit<br/>3401 West Cypress Street<br/>Tampa, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>MILLER, E. BRADFORD<br/>101 E. KENNEDY BLVD.<br/>TAMPA FL</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Turner, Betty Lou<br/>2801 Terrace Drive<br/>Tampa, FL 33609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MOHLER, EUGENE A.<br/>3035 COUNTRY SIDE BLVD<br/>CLEARWATER FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Mendoza, Barbara<br/>12954 North Dale Mabry Highway<br/>Tampa, FL 33618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>REAVES, VIRGINIA<br/>2401 ARDSON PLACE 403B.<br/>TAMPA FL</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>Dixon, Rhea<br/>116 East 143rd Avenue<br/>Tampa, FL 33613</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GIBBONS, SAM<br/>940 SOUTH STERLING<br/>TAMPA FL 33629</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**813-8760619**

Daytime Phone #

CR2E034 (10/02)