

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256095

1. Entity Name

MIAMI TITLE & ABSTRACT CO

Principal Place of Business

280 WEKIVA SPRINGS ROAD
148
LONGWOOD FL 32779
US

Mailing Address

17911 VON KARMAN
300
IRVINE CA 92714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Vicky Goldstein
Signature, typed or printed name of registered agent and title if applicable

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

10/31/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 11

TITLE ☐ Delete
NAME V
STREET ADDRESS WALLACE, DANIEL A
CITY-ST-ZIP 901 NORTH LAKE DESTINEY DRIVE, #395
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME 600003463386--1
STREET ADDRESS -11/15/00--01004--002
CITY-ST-ZIP *****750.00 *****750.00

TITLE ☐ Delete
NAME CEO
STREET ADDRESS FOLEY, WILLIAM P II
CITY-ST-ZIP ~~3916 STATE STREET, SUITE 300~~
~~SANTA BARBARA CA 93105~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4050 Calle Real, Suite 200
CITY-ST-ZIP Santa Barbara, CA 93110

TITLE ☐ Delete
NAME CFOD
STREET ADDRESS STINSON, ALAN L
CITY-ST-ZIP ~~3916 STATE STREET, SUITE 300~~
~~SANTA BARBARA CA 93105~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4050 Calle Real, Suite 200
CITY-ST-ZIP Santa Barbara, CA 93110

TITLE ☐ Delete
NAME DP
STREET ADDRESS MAUDSLEY, RONALD R
CITY-ST-ZIP 3938 STATE STREET, 2ND FLOOR
SANTA BARBARA FL 93105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
STREET ADDRESS KANE, M'LISS JONES
CITY-ST-ZIP 17911 VON KARMAN STE 300
IRVINE CA

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Brigante, Brad J.
CITY-ST-ZIP 4050 Calle Real, Suite 220
Santa Barbara, CA 93110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brad J. Brigante, Secretary

Date

Daytime Phone #

CR2E034 (5/00)