

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294858

1. Entity Name

TAMIAMI ABSTRACT AND TITLE COMPANY

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90068 045 \*\*\*150.00

Principal Place of Business  
101 GATEWAY CENTRE PKWY  
GATEWAY ONE  
RICHMOND VA 23235-5153

Mailing Address  
P.O. BOX 27567  
RICHMOND VA 23261-7567  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
101 Gateway Ctr Pkwy  
Suite, Apt. #, etc.  
Gateway One

City & State  
Richmond, VA

Zip  
23235

Country

4. FEI Number  
59-1098094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SLOAN, F. LINTON, JR.  
100 N TAMPA STREET  
SUITE 2050  
TAMPA FL 33602

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER, CHARLES H. JR.		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23235-5153		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALPERT, JANET A.		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23235-5153		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBZUD, JOHN M		NAME		
STREET ADDRESS	1901 W. COLONIAL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, RUSSELL W., III		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23235-5153		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, G. WILLIAM		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23235-5153		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMOS, RONALD B		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23235-5153		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: Russell W. Jordan, III 2/2/00 804-267-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #