

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90115 026 ***150.00

DOCUMENT # 315380

1. Entity Name

STEWART TITLE OF PINELLAS, INC.

Principal Place of Business

Mailing Address

**4134 CENTRAL AVE
ST PETERSBURG FL 33711****4134 CENTRAL AVE
ST PETERSBURG FLA 33711-1113****636775**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1173288

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

Name

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

City

FL

Zip Code

**HICKMAN, HAROLD E.
3401 W CYPRESS #101
TAMPA FL 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.

SIGNATURE **KEVIN M. HUSSEY**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KNAPP, MAITLAND	13670 LAKE POINTE DR	CLEARWATER FL	<input type="checkbox"/>
CP	HUSSEY, KEVIN M	310 A PINELLAS BAYWAY	TIERRA VERDE FL	<input type="checkbox"/>
D	O'CONNELL, PHILIP J	521 HAVEN PT ROAD	TREASURE ISLAND FL	<input type="checkbox"/>
D	MOHLER, EUGENE A.	3035 COUNTRYSIDE BLV 17B	CLEARWATER FL	<input type="checkbox"/>
T	HAMACHER, MARIAN	4018 HELENA ST. NE	ST. PETERSBURG FL	<input type="checkbox"/>
V	MCALDUFF, WILLIAM R.	440 SANDY COOK ROAD	TREASURE ISLAND FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
First Vice President	PRICE, Karen S.	4654 11th Ave. North	St. Petersburg, FL 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	DAVIS, Peter H.	2416 York St. North	St. Petersburg, FL 33710	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HICKMAN, Harold E.	3401 W. Cypress #101	Tampa, FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	REAVES, Virginia	2401 Ardson Place 403B	Tampa, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CARDER, Deborah O.	4260 Central Ave.	St. Petersburg, FL 33711	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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**Kevin M. Hussey****4/10/00**

Date

727-327-5775

Daytime Phone #