

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 375084

1. Entity Name

STEWART TITLE OF ORANGE COUNTY, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 002 ***550.00

Principal Place of Business

718 GARDEN PLAZA
ORLANDO FL 32803

Mailing Address

718 GARDEN PLAZA
ORLANDO FL 32803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1313425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, HAROLD, % STEWART TITLE OF TMPA
3401 W. CYPRESS, SUITE 202
TAMPA FL 33607

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 \$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

| | | |
|----------------|---------------------------|--|
| TITLE | AVP | <input type="checkbox"/> Delete |
| NAME | O'BRYAN, MARCIA | |
| STREET ADDRESS | 718 GARDEN PLAZA | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | COOPER, GARY J. | |
| STREET ADDRESS | 718 GARDEN PLAZA | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | COBB, JOHN FLOYD | |
| STREET ADDRESS | 718 GARDEN PLAZA | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | HICKMAN, HAROLD | |
| STREET ADDRESS | 3401W. CYPRESS, SUITE 202 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Roderick J. Danish | |
| STREET ADDRESS | 718 Garden Plaza | |
| CITY-ST-ZIP | ORL FL 32803 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jimmy Hickman | |
| STREET ADDRESS | 3401 W. Cypress Suite 202 | |
| CITY-ST-ZIP | Tampa FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Roderick J. Danish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00

407-339-7015
Daytime Phone #

CR2E034 (5/00)