

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90293 010 ***150.00

DOCUMENT # 375084

1. Entity Name

STEWART TITLE OF ORANGE COUNTY, INC.

Principal Place of Business

**718 GARDEN PLAZA
ORLANDO FL 32803**

Mailing Address

**718 GARDEN PLAZA
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

3401 W. Cypress

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33607**USA**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

7. Name and Address of New Registered Agent

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	Delete
	AVP			<input checked="" type="checkbox"/>
	O'BRYAN, MARCIA			
	718 GARDEN PLAZA			
	ORLANDO, FL 00000			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input checked="" type="checkbox"/>
	DAVISH, RODERICK J			
	718 GARDEN PLAZA			
	ORLANDO FL 32803			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	HICKMAN, JIMMY			
	3401 W. CYPRESS SUITE 202			
	TAMPA FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CD			<input type="checkbox"/>
	HICKMAN, HAROLD			
	3401 W. CYPRESS, SUITE 202			
	TAMPA FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORB

Date

4/27/01

Daytime Phone #

813-8760619

CR2E034 (10/00)