

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410623

1. Entity Name

NORTH FLORIDA ABSTRACT & TITLE CO. INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90097 018 ***150.00

Principal Place of Business

290 W WASHINGTON
P O BOX 838
MONTICELLO FL 32344

Mailing Address

290 W WASHINGTON
P O BOX 838
MONTICELLO FL 32344

2. Principal Place of Business

220 S. CHERRY ST.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 838
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MONTICELLO, FL

City & State

MONTICELLO, FL

4. FEI Number

59-1450000

Applied For

Not Applicable

Zip

32344

Country

JEFFERSON

Zip

32345

Country

JEFFERSON

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIEHAUS, DONNA J.
950 E WASHINGTON
MONTICELLO FL 32344

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, 2001 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

TITLE PS
NAME SHEPHERD, ROBERT S.
STREET ADDRESS RT 2 BOX 219C
CITY-ST-ZIP MONTICELLO FL ☐ Delete

TITLE VP
NAME SHEPHERD, MARILYN F
STREET ADDRESS RT 2 BOX 219C
CITY-ST-ZIP MONTICELLO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Robert S. Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. SHEPHERD

1-26-2001

Date

850-997-2670

Daytime Phone #

CR2E034 (10/00)

0462317