

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90067 006 ***150.00

DOCUMENT # 427155

1. Entity Name

GENERAL TITLE COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

~~1001 WEST CYPRESS STREET~~
~~TAMPA FL 33607~~

1502 W FLETCHER AV
 SUITE 101
 TAMPA FL 33612-3308

2. Principal Place of Business

3953 W. Kennedy Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

4. FEI Number

59-1471316

Applied For

Not Applicable

Zip

33609

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROLF, NICOLE K.
204 SOUTH CLARK AVE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

JAMES G. FARR

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

1502 W. Fletcher Av. Suite 101

Suite 101

City

Tampa

FL

Zip Code

33612

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

James G. Farr **JAMES G. FARR**

2-17-00

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	PD	<input type="checkbox"/> Delete
NAME	FARR, JAMES G	
STREET ADDRESS	1502 W FLETCHER AV. STE 101	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROLF, NICOLE K.	
STREET ADDRESS	204 SOUTH CLARK AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

James G. Farr **JAMES G. FARR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

(813) 962-0548

Daytime Phone #