## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # 500113** GIBRALTAR TITLE AND ESCROW COMPANY 04-11-2000 90062 014 \*\*\*150.00 Principal Place of Business Mailing Address 100 GIBRALTAR TOWER 100 GIBRALTAR TOWER 2929 EAST COMMERCIAL BLVD. 2929 EAST COMMERCIAL BLVD. MUUJOIJI FT LAUDERDALE FL 33308-4214 FT. LAUDERDALE FL 33308-4214 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1660745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. - Name and Address of Current Registered Agent Name HOPKINS, PHILIP H. Street Address (P.O. Box Number is Not Acceptable) 100 GIBRALTAR TOWER 2929 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE HOPKINS, PHILIP H. NAME NAME STREET ADDRESS STREET ADDRESS 2929 E. COMMERCIAL BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL. Addition Change ☐ Delete TITLE NAME DUNCAN, LOIS A. NAME STREET ADDRESS 2929 E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL \_\_\_ Change ☐ Addition TITLE Delete TITLE SCHLEIFER, MARGE J NAME NAME STREET ADDRESS 2929 E COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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