

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90391 012 \*\*\*150.00

<b>DOCUMENT #</b> 509861			
1. Entity Name			
COMMUNITY TITLE AGENCY, INC.			
Principal Place of Business		Mailing Address	
4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431		200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
13790 NW 4TH STREET		13790 NW 4TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 113		SUITE 113	
City & State		City & State	
SUNRISE, FL		SUNRISE, FL	
Zip	Country	Zip	Country
33325		33325	

**A0068339**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAGG, LAWRENCE K. 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131		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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	ACKERMAN, RICHARD S	NAME	AHERN, PATRICK M.
STREET ADDRESS	4800 N FEDERAL HWY STE 105E	STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	GREENWICH, CT 06830
TITLE	V	TITLE	VD
NAME	GITLIN, GENE	NAME	GIBLIN JR., E.M.
STREET ADDRESS	4800 N FEDERAL HWY STE 105E	STREET ADDRESS	13790 NW 4TH STREET STE 113
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	SUNRISE, FL 33325
TITLE		TITLE	TD
NAME		NAME	WILCOX II, R. JOHN
STREET ADDRESS		STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA
CITY - ST - ZIP		CITY - ST - ZIP	GREENWICH, CT 06830
TITLE		TITLE	SD
NAME		NAME	WILCOX, ROBERT J
STREET ADDRESS		STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA
CITY - ST - ZIP		CITY - ST - ZIP	GREENWICH, CT 06830
TITLE		TITLE	V
NAME		NAME	MILLER, ANDREA
STREET ADDRESS		STREET ADDRESS	13790 NW 4TH STREET STE 113
CITY - ST - ZIP		CITY - ST - ZIP	SUNRISE, FL 33325
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.

**SIGNATURE:**

E.M. GIBLIN, JR.

4/26/01 954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #