

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524660

1. Entity Name

TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90031 018 ***150.00

0435207

Principal Place of Business

401 S INDIAN RIVER DRIVE
FT. PIERCE FL 34950

Mailing Address

401 S INDIAN RIVER DRIVE
FT. PIERCE FL 34950

901483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1718704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FEE, FRANK H III
401 A S. INDIAN RIVER DRIVE
FT. PIERCE FL 34950

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
NAME FEE, FRANK H. III
STREET ADDRESS 401A S. INDIAN RV. DR.
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE ST
NAME FEE, LEVAN N.
STREET ADDRESS 2821 S. INDIAN RIVER DR
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE V
NAME BIDLE, BRENDA J
STREET ADDRESS 401B SO. INDIAN RIVER DR.
CITY-ST-ZIP FT. PIERCE FL ☒ Delete

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

TITLE V.
NAME Bidle DeWitt, Brenda J.
STREET ADDRESS 401 B So. Indian River Drive
CITY-ST-ZIP Ft. Pierce FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK H. FEE, III, Pres.

Jan 11, 2001

Daytime Phone #

561-461-5020

CR2E034 (10/00)