

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90010 039 ***150.00

DOCUMENT # 546732

1. Entity Name

GOLD COAST TITLE COMPANY - WEST

Principal Place of Business

75 S.E. 3RD STREET
 BOCA RATON FL 33432

Mailing Address

75 S.E. 3RD STREET
 BOCA RATON FL 33432-7168

2. Principal Place of Business

1001 S.W. 2ND AVENUE
 Suite, Apt. #, etc.
SUITE 8

3. Mailing Address

1001 S.W. 2ND AVENUE
 Suite, Apt. #, etc.
SUITE 8

City & State

BOCA RATON, FL 33432-7168

City & State

BOCA RATON, FL

4. FEI Number

59-1773910

Applied For

Not Applicable

Zip

33432-7168

Country

U.S.A.

Zip

33432-7168

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DANCE, J. HERMAN
75 S.E. 3RD ST
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
1001 S.W. 2ND AVENUE
SUITE 8
 City **BOCA RATON, FL** Zip Code **33432-7168**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DANCE, J HERMAN 5530 GLADES RD BOCA RATON, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCE, ESTHER B 5530 GLADES RD BOCA RATON, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Herman Dance* PRESIDENT/DIRECTOR Date 2/17/00 (561) 395-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)