

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568719

1. Entity Name

STEWART TITLE OF POLK COUNTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90097 029 ***150.00

Principal Place of Business

Mailing Address

500 S FLA AVENUE
 FLOOR 1
 LAKELAND FL 33801
 US

500 S FLA AVENUE
 FLOOR 1
 LAKELAND FL 33801-5251
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1812398**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, HAROLD E.
 C/O STEWART TITLE OF TAMPA
 3401 W CYPRESS ST
 TAMPA FL 33607

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, 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	P	<input type="checkbox"/> Delete
NAME	HARMON, CAREY F.	
STREET ADDRESS	4201 E. KNIGHTS GRIFFEN	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKMAN, HAROLD E	
STREET ADDRESS	1614 ALTOONA WAY	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHLER, EUGENE	
STREET ADDRESS	3035 COURTSIDE BLVD, #17-B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAVES, VIRGINIA	
STREET ADDRESS	2401 ARDSON PL, UNIT 403B	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANADY, ELAINE P	
STREET ADDRESS	216 WILDWOOD AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	REWIS, EDITH F	
STREET ADDRESS	1023 AUDUBON WAY	
CITY-ST-ZIP	LAKELAND FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Highsmith, Carey F.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Carey F. Highsmith

Date

1-26-2000 (863) 686-8177

Daytime Phone #

CR2E034 (9/99)