

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568719

1. Entity Name  
STEWART TITLE OF POLK COUNTY, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90066 039 \*\*\*150.00

0377432

Principal Place of Business  
500 S FLA AVENUE  
FLOOR 1  
LAKELAND FL 33801  
US

Mailing Address  
500 S FLA AVENUE  
FLOOR 1  
LAKELAND FL 33801  
US

C0057061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1812398**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HICKMAN, HAROLD E.  
C/O STEWART TITLE OF TAMPA  
3401 W CYPRESS ST  
TAMPA FL 33607

7. Name and Address of New Registered Agent  
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

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | P                          | <input checked="" type="checkbox"/> Delete |
| NAME           | HIGHSMITH, 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 checked="" type="checkbox"/> Delete |
| NAME           | CANADY, ELAINE P           |  |
| STREET ADDRESS | 216 WILDWOOD AVENUE        |  |
| CITY-ST-ZIP    | LAKELAND FL                |  |
| TITLE          | T                          | <input checked="" type="checkbox"/> Delete |
| NAME           | REWIS, EDITH F             |  |
| STREET ADDRESS | 1023 AUDUBON WAY           |  |
| CITY-ST-ZIP    | LAKELAND FL                |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KAREN E. MORRISON   |  |
| STREET ADDRESS | 5592 HARBORSIDE DR. |  |
| CITY-ST-ZIP    | TAMPA, FL           |  |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.01 863 686 8177  
Date Daytime Phone #

CR2E034 (10/00)