

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587847

1. Entity Name

SUN-TITLE & ABSTRACT CO. ✓

Principal Place of Business

4010 57 AVENUE SOUTH  
STE 104  
GREENACRES FL 33463

Mailing Address

4010 57 AVENUE SOUTH  
STE 104  
GREENACRES FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1854624

Applied For

Not Applicable

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

MCALONAN, FRANCIS R J  
4010 57TH AVE SOUTH  
SUITE 104  
GREENACRES FL 33463

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 \$550.00~~

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PT ☐ Delete  
NAME MCALONAN, JR. F R  
STREET ADDRESS 4010 57TH AVENUE, STE 104  
CITY-ST-ZIP GREENACRES FL

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

TITLE D ☐ Delete  
NAME MCALONAN, EILEEN M.  
STREET ADDRESS 4010 57 AVE SO.  
CITY-ST-ZIP GREENACRES FL

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

TITLE V ☐ Delete  
NAME MCALONAN, FRANCIS R.  
STREET ADDRESS 4010 57TH AVE., STE 104  
CITY-ST-ZIP GREENACRES FL

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

TITLE VP ☐ Delete  
NAME KRAUSE, DARLENE  
STREET ADDRESS 4010 57TH AVE., STE 104  
CITY-ST-ZIP GREENACRES FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED

Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90012 009 \*\*\*550.00

AVU70383



DO NOT WRITE IN THIS SPACE

7/25/00

561-433-5210