

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

0071829

DOCUMENT # 654679

1. Entity Name

AMERICAN PIONEER TITLE INSURANCE COMPANY

FILED

00 MAR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

493 E.SEMORAN BLVD.
CASSELBERRY FL 32707

493 E.SEMORAN BLVD.
CASSELBERRY FL 32707-4912

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

59-1971665

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

INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	CD HAUGHTON, WALTER ROGER 601 MONTGOMERY STREET SAN FRANCISCO CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASSITER, ROY W 493 E.SEMORAN BLVD. CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DANIELS, GEORGE P 493 E.SEMORAN BLVD. CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUMSEY, STEPHEN T 493 E.SEMORAN BLVD. CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHUSTER, BRADLEY MIZE 601 MONTGOMERY ST SAN FRANCISCO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LORENZEN, JOHN MARTIN 601 MONTGOMERY STREET SAN FRANCISCO CA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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****158.75 ****158.75

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

3/20/00

800-393-9762

Date

Daytime Phone #

CR2E034 (9/99)

**2000 UNIFORM BUSINESS REPORT
ADDITIONAL OFFICERS AND DIRECTORS OF
AMERICAN PIONEER TITLE INSURANCE COMPANY**

The names and addresses of additional officers and/or directors for American Pioneer Title Insurance Company are as follows:

Barbara L. Allen 493 E. Semoran Blvd. Casselberry, FL 32707	V/D
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Barry J. Mazer 493 E. Semoran Blvd. Casselberry, FL 32707	V
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William E. Sussman 493 E. Semoran Blvd. Casselberry, FL 32707	V
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Peter H. Johnson 493 E. Semoran Blvd. Casselberry, FL 32707	V
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Claude J. Seaman 601 Montgomery Street San Francisco, CA 94111	D
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