

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90346 034 \*\*\*158.75

**DOCUMENT # 654679**

1. Entity Name

**AMERICAN PIONEER TITLE INSURANCE COMPANY**

Principal Place of Business

**493 E.SEMORAN BLVD.  
 CASSELBERRY FL 32707**

Mailing Address

**493 E.SEMORAN BLVD.  
 CASSELBERRY FL 32707**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fulford, John H., III</b> <b>601 Montgomery Street</b> <b>San Francisco, CA 94111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roy W. Lassiter**  
 Chairman/CEO

4/17/01

407-260-8050

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

#654679

D0040167

**2001 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

Richard M. Jett  
493 E. Semoran Blvd.  
Casselberry, FL 32707

VP/T

Barry J. Mazer  
493 E. Semoran Blvd.  
Casselberry, FL 32707

V

William E. Sussman  
493 E. Semoran Blvd.  
Casselberry, FL 32707

V

Peter H. Johnson  
493 E. Semoran Blvd.  
Casselberry, FL 32707

V

Claude J. Seaman  
601 Montgomery Street  
San Francisco, CA 94111

D