

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03 JAN 24 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 Numbers Not Acceptable) ~~817-22-03-0103-001~~ **158.75

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HAUGHTON, WALTER ROGER
STREET ADDRESS 601 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

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

TITLE PDC ☐ Delete
NAME LASSITER, ROY W
STREET ADDRESS 493 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL

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

TITLE VSD ☐ Delete
NAME DANIELS, GEORGE P
STREET ADDRESS 493 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL

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

TITLE VD ☐ Delete
NAME RUMSEY, STEPHEN T
STREET ADDRESS 493 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME FULFORD, III, JOHN H
STREET ADDRESS 601 MONTGOMERY ST
CITY-ST-ZIP SAN FRANCISCO CA 94111

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

TITLE D ☐ Delete
NAME LORENZEN, JOHN MARTIN
STREET ADDRESS 601 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George P. Daniels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 407-260-8050
Date Daytime Phone #

CR2E034 (10/02)

**2003 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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Richard M. Jett 493 E. Semoran Blvd. Casselberry, FL 32707	V/T
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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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