

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667036

1. Entity Name

INVESTORS TITLE CORPORATION

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90007 038 \*\*\*150.00

C0098934



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

113 SOUTH MACDILL AVENUE  
C/O SAMUEL E. FISHMAN  
TAMPA FL 33609

413 SOUTH MACDILL AVENUE  
C/O SAMUEL E. FISHMAN  
TAMPA FL 33609-3036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1995650

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISHMAN, SAMUEL E.  
413 SOUTH MACDILL AVENUE  
TAMPA FL 33609

Name Jeffrey D. Fishman  
Street Address (P.O. Box Number is Not Acceptable)  
413 S. MACDILL AV  
City Tampa FL Zip Code 33609

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!!! FEES \$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 PD  
NAME FISHMAN, SAMUEL E.  
STREET ADDRESS 413 S. MACDILL AVE.  
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE PD  
NAME Jeffrey D. Fishman  
STREET ADDRESS 413 S. MACDILL AV  
CITY-ST-ZIP Tampa, FL 33609 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

4/19/2000 813 879-5350

CR2E034 (9/99)