

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811066

1. Entity Name

NATIONS TITLE INSURANCE OF NEW YORK INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90003 042 ***158.75

Principal Place of Business

Mailing Address

2 PARK AVE
3RD FLOOR
NEW YORK NY 10016
US

17911 VON KARMAN AVE
SUITE 300
IRVINE CA 92614-6262
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-0907410

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

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32304

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 DC
NAME FOLEY, WILLIAM P II
STREET ADDRESS 3916 STATE STREET, SUITE 300
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE PD
NAME STONE, PATRICK F
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE TD
NAME STINSON, ALAN L
STREET ADDRESS 3916 STATE STREET, SUITE 300
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE EVPD
NAME WIMER, CHARLES H
STREET ADDRESS 2 PARK AVE 3RD FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VD
NAME RICHARDS, JONATHAN A
STREET ADDRESS 2 PARK AVE 3RD FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE DV
NAME QUINTERNO, CHRISTOPHER J
STREET ADDRESS 2 PARK AVE 3RD FLOOR
CITY-ST-ZIP NEW YORK NY ☐ 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 #

Liss Jones Kane - Secretary 3/15/00 (949)622-4326

CR 1 0/14 (9/99)