

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000806

1. Entity Name

MID-SOUTH TITLE CORPORATION

Principal Place of Business

6363 POPLAR AVENUE
SUITE 108 CENTRUM BLDG
MEMPHIS TN 38119

Mailing Address

101 GATEWAY CENTRE PKWY
GATEWAY ONE
RICHMOND VA 23235-5153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, F. LINTON
201 SOUTH ORANGE AVENUE
SUITE 1350
ORLANDO FL 32801

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	D	<input type="checkbox"/> Delete
NAME	FOSTER, CHARLES H JR.	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALPERT, JANET A	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBZUD, JOHN M	
STREET ADDRESS	1901 W. COLONIAL	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	S	<input type="checkbox"/> Delete
NAME	PURCELL, W RIKER	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, RONALD B	
STREET ADDRESS	101 GATEWAY CENTRE PKWY., GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 South Orange Ave., Ste. 1350	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

W. Riker Purcell

W. Riker Purcell

4/20/01

804-267-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90119 048 ***150.00

80041653



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-0784718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)