

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **G49941**

1. Entity Name

INVESTOR'S TITLE AND GUARANTY CORPORATION**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90185 001 ***450.00

Principal Place of Business

Mailing Address

~~5975 SUNSET DRIVE SUITE 305~~~~5975 SUNSET DRIVE SUITE 305~~~~S. MIAMI FL 33143~~~~S. MIAMI FL 33143-3198~~

PLEASE NOTE NEW ADDRESS

2. Principal Place of Business

7700 N. Kendall Drive

3. Mailing Address

7700 N. Kendall Drive

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2326896

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

SHAUGHNESSY
SHAUGHNESSY, MICHAEL W.~~5975 SUNSET DR STE 305~~ 7700 N. Kendall Drive
~~S. MIAMI FL 33143~~ Suite 509
Miami, FL 33156

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	SHAUGHNESSY, MICHAEL W	5975 SUNSET DR STE 305 7700 N. Kendall Dr	MIAMI FL 33143 Ste. 509, Miami, FL 33156				

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.

Michael W. Shaughnessy

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(305) 662-6053

Daytime Phone #

CR2E034 (9/99)