

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24965

1. Entity Name

ASSOCIATED LAND TITLE GROUP, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90210 047 ***150.00

Principal Place of Business

Mailing Address

011-C WEST 23RD ST.
P.O. BOX 2493
PANAMA CITY FL 32402

011-C WEST 23RD ST.
P.O. BOX 2493
PANAMA CITY FL 32402-2493

2. Principal Place of Business

3. Mailing Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

4. FEI Number

59-2467271

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

USA

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

CRISP, DONALD R.
011-A WEST 23RD STREET
PANAMA CITY FL 32405

Name

John T. La Joie

Street Address (P.O. Box Number is Not Acceptable)

2075 Centre Pointe Blvd.

City

Tallahassee

FL

Zip Code

32308

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	CRISP, DONALD R.	
STREET ADDRESS	011 C W 23RD ST.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, DONALD C.	
STREET ADDRESS	353 HUNTERS CROSSING	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MEDLOCK, G. WILLIAM	
STREET ADDRESS	710 HUNTINGDON ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CRISP JR, D RAY	
STREET ADDRESS	011 C W 23RD ST.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crisp, Donald R.	
STREET ADDRESS	011 C W 23rd Street	
CITY-ST-ZIP	Panama City, FL 32405	
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		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conway, Michael W.	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hansli, Alfred J.	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	

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

4/10/00

Date

(850) 402-4101

Daytime Phone #

CR 10/14 (9/99)