

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # H42533**

1. Entity Name

BANKERS TITLE INSURANCE COMPANY

Principal Place of Business

P.O. BOX 15707

ST. PETERSBURG
33733

FL

US

Mailing Address

P.O. BOX 15707

ST. PETERSBURG
33733

US

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2958831

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTATE INSURANCE COMMISSIONER
CAPITOL BUILDING

TALLAHASSEE

US

FL

7. Name and Address of New Registered Agent

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)

03/30/2000

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
MENKE ROBERT G
360 CENTRAL AVE
ST PETERSBURG FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DELANO, G. KRISTIN
360 CENTRAL AVE.
ST. PETERSBURG FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HUSSEMAN, EDWIN C.
360 CENTRAL AVE.
ST. PETERSBURG FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEEHAN, DAVID K.
360 CENTRAL AVE.
ST. PETERSBURG FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
MENKE, ROBERT M.
360 CENTRAL AVE.
ST. PETERSBURG FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MENKE ROBERT G
360 CENTRAL AVE
ST PETERSBURG FL 33701☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DELANO G. KRISTIN
360 CENTRAL AVE.
ST. PETERSBURG FL 33701☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HUSSEMAN EDWIN C
360 CENTRAL AVE.
ST. PETERSBURG FL 33701☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEEHAN DAVID K
360 CENTRAL AVE.
ST. PETERSBURG FL 33701☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MENKE ROBERT M
360 CENTRAL AVE.
ST. PETERSBURG FL 33701☒ Change ☐ AdditionTITLE
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: G. KRISTIN DELANO

DS 03/30/2000