

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89455

1. Entity Name

CORAL TITLE COMPANY

Principal Place of Business

867 S. ATLANTIC AVE  
ORMOND BEACH FL 32176

Mailing Address

867 S. ATLANTIC AVE  
ORMOND BEACH FL 32176-7816

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

FINCKE, GERALD B.  
867 S ATLANTIC AVE  
ORMOND BEACH FL 32176

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **XX**

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FINCKE, GERALD B.	
STREET ADDRESS	867 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALBERT, RICHARD F.	
STREET ADDRESS	655 PULLMAN AVE	
CITY-ST-ZIP	ROCHESTER NY 14615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BADER, MICHAEL E.	
STREET ADDRESS	655 PULLMAN AVE	
CITY-ST-ZIP	ROCHESTER NY 14615	
TITLE	V	<input type="checkbox"/> Delete
NAME	PREMO, VICTORIA E	
STREET ADDRESS	867 S. ATLANTIC AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32176	
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:

*Victoria E. Premo* Victoria E. Premo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/00

Date

(904) 677-2440

Daytime Phone #

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90164 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)