

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

552107

1. Entity Name

Eastern National Title Insurance Agency, Inc.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90003 038 ***550.00

Principal Place of Business

Mailing Address

1800 So. Australian Ave., Ste. 402
West Palm Beach, FL 33409

00069934

2. Principal Place of Business

1800 So. Australian Ave.

Suite, Apt. #, etc.

Ste. 402

City & State
West Palm Beach, FL 33409

Zip
33409

Country
US

3. Mailing Address

1800 So., Australian Ave.

Suite, Apt. #, etc.

Ste. 402

City & State
West Palm Beach, FL

Zip
33409

Country
US

4. FEI Number
22-2774781

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 Agent

G. Steven Brannock
1800 So. Australian Ave., Ste. 402
West Palm Beach, FL 33409

7. Name and Address of New Registered Agent

Name

G. Steven Brannock

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

1800 So. Australian Ave., Ste. 402

City
West Palm Beach

FL

Zip Code
33409

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Downmanian, Keverk S.	<input checked="" type="checkbox"/> Delete
NAME	Hovnanian, Kevork S.	
STREET ADDRESS	29 Ward Ave.	
CITY-ST-ZIP	Rumson, NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Hovnanian, Ara K.	
STREET ADDRESS	29 Ward Ave.	
CITY-ST-ZIP	Rumson, NJ	
TITLE	DeBart	<input checked="" type="checkbox"/> Delete
NAME	Reinhart, Peter S.	
STREET ADDRESS	2 Bayhill Rd.	
CITY-ST-ZIP	Leonardo, NJ	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Kehoe, Michael	
STREET ADDRESS	92 S. Manor Court	
CITY-ST-ZIP	Wall, NJ	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jon Rapaport	
STREET ADDRESS	1800 So. Australian Ave., Ste. 402	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RayPuzzitiello	
STREET ADDRESS	1800 So. Australian Ave., Ste. 402	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Steven Brannock	
STREET ADDRESS	1800 So. Australian Ave., Ste. 402	
CITY-ST-ZIP	West Palm Beach, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Steven Brannock

7/1/00

Daytime Phone #

President

CR2E034 (9/99)