

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J58650**

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90215 012 ***550.00

1. Entity Name
Charter Title Company, Inc.

Principal Place of Business Mailing Address

31 Ocean Reef Drive, Suite B208
Key Largo, FL 33037

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
59-2775741

Applied For
Not Applicable

Zip

Country

Zip
32308

Country
Leon

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

Richelle R. Johnson
31 Ocean Reef Drive, Suite B208
Key Largo, FL 33037

Name
John T. LaJoie
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

8/11/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Smith, Michael K.	
STREET ADDRESS	01 Sunrise Cay Dr.	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Davidson, Sally A.	
STREET ADDRESS	07 Sunrise Cay Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	Kaiser, Joan G.	
STREET ADDRESS	38 So. Bridge Ln.	
CITY-ST-ZIP	Key Largo, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Johnson, Richelle R.	
STREET ADDRESS	40 Lakeside Lane, Unit A	
CITY-ST-ZIP	Key Largo, FL	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W. Conway	
STREET ADDRESS	2075 Centre Point Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John T. LaJoie	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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		

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

8/11/00 (850) 402-4101

Date

Daytime Phone #

CR2E034 (9/99)