

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48993

1. Entity Name

GULF COAST TITLE INSURANCE AGENCY, INC.

Principal Place of Business

C/O KIM K. PROPP
2450 TAMiami TR. UNIT B
PT. CHARLOTTE FL 33952
US

Mailing Address

C/O KIM K. PROPP
2301 TAMiami TR UNIT D
PT. CHARLOTTE FL 33952
US

2. Principal Place of Business

2301 Tamiami Tr.

Suite, Apt. #, etc.

Unit D

City & State

Pt. Charlotte FL

Zip

33952

Country

Charlotte

3. Mailing Address

2301 Tamiami Tr.

Suite, Apt. #, etc.

Unit D

City & State

Pt. Charlotte, FL

Zip

33952

Country

Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0084469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROPP, KIM K.
2450 TAMiami TR.
UNIT B
PT. CHARLOTTE FL 33952

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	PROPP, KIM K.	
STREET ADDRESS	2450 TAMiami TR., UNIT B	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PROPP, CHARLES F.	
STREET ADDRESS	2450 TAMiami TR, UNIT B	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PROPP, JOAN K.	
STREET ADDRESS	P.O. BOX 1827 N/A	
CITY-ST-ZIP	FT. MYERS FL 33902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2301 TAMiami TR. UNIT D	
CITY-ST-ZIP	Pt. Charlotte FL 33952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2301 Tamiami Tr. Unit D	
CITY-ST-ZIP	Pt. Charlotte FL 33952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2301 Tamiami Tr. Unit D	
CITY-ST-ZIP	Pt. Charlotte FL 33952	
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		

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

Kim K. Propp 4-18-01 (941) 624-2535

Date

Daytime Phone #

CR2E034 (10/00)