

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71143

1. Entity Name

PALM BEACH JOINT TITLE PLANT, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90363 001 \*\*\*150.00

0320117

Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD  
STE 312  
GREENACRES FL 33463  
US

3900 WOODLAKE BLVD  
STE 312  
GREENACRES FL 33463  
US

2. Principal Place of Business

3. Mailing Address

3402 Cypress St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State  
Tampa, FL

Zip

Country

Zip

Country

33607

USA

4. FEI Number 65-0201064

Applied For

Not Applicable

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

KNEEN, JEFFREY D.  
1400 CENTREPARK BLVD.  
WEST PALM BEACH FL 33401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP ☐ Delete  
NAME GREENFIELD, BRUCE  
STREET ADDRESS 685 ROYAL PALM BCH BLVD #101  
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCCORMICK, MIKE  
STREET ADDRESS 2701 GATEWAY DR  
CITY-ST-ZIP POMPANO BCH FL

TITLE DP ☒ Change ☐ Addition  
NAME McCormick, Mike  
STREET ADDRESS 2701 Gateway Dr.  
CITY-ST-ZIP Pompano Beach, FL

TITLE D ☐ Delete  
NAME GLASS, MIKE  
STREET ADDRESS 1555 PALM BCH LAKES BLVD, #100  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Riddle, Ross  
STREET ADDRESS 120 N.E. 4th St.  
CITY-ST-ZIP Ft. Lauderdale, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Smith, Rick  
STREET ADDRESS 15951 S.W. 41st St. , Suite 800  
CITY-ST-ZIP Weston, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Meade, Alice  
STREET ADDRESS 3222 Commerce Place, Suite C  
CITY-ST-ZIP West Palm Beach, FL

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/28/01

Date

Daytime Phone #

CR2E034 (10/00)