

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80753

1. Entity Name

ADVANCE HOMESTEAD TITLE, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90150 035 \*\*\*550.00

Principal Place of Business

1203 SW 12TH STREET  
 SUITE 9  
 OCALA FL 34474  
 US

Mailing Address

1203 SW 12TH STREET  
 SUITE 9  
 OCALA FL 34474  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3013616

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

STENSON, THOMAS F. JR  
 2233 SE FT KING STREET, SUITE A  
 OCALA FL 34471

Name

CRAIG J. MULDOON

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

1203 SW 12th Street #9

City

Ocala, Florida 34474

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

7/31/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	STENSON, THOMAS F. JR	
STREET ADDRESS	1208 SW 12TH STREET, SUITE 9	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STENSON, KRISTINA	
STREET ADDRESS	1203 SW 12TH STREET, SUITE 9	
CITY-ST-ZIP	OCALA FL 34474	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig J. Muldoon	
STREET ADDRESS	1203 SW 12th Street #9	
CITY-ST-ZIP	Ocala, Florida 34474	
TITLE	Vice President / Sec / Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noreen Wheeler	
STREET ADDRESS	1203 SW 12th Street #9	
CITY-ST-ZIP	Ocala, Florida 34474	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia L. Sweet	
STREET ADDRESS	1203 SW 12th Street #9	
CITY-ST-ZIP	Ocala, Florida 34474	
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig J. Muldoon, President

Date

7/31/00  
 352-351-3678

CR2E034 (5/00)