

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85983

1. Entity Name
TRI COUNTY TITLE INSURANCE AGENCY, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 006 ***150.00

Principal Place of Business

8660 COLLEGE PARKWAY
SUITE 200
FT MYERS FL 33919
US

Mailing Address

~~8660 COLLEGE PKWY~~
~~200~~
~~FT. MYERS FL 33919~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1502 W. Fletcher Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33612

Hillsborough

4. FEI Number NOT APPLICABLE

52-1577950

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

WEYGANT, DENA E.
4901 NEAL ROAD
FT. MYERS FL 33905

Name

James G. Farr

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

1502 W. Fletcher Av.

Suite 101

City

Tampa,

FL

Zip Code

33612

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

James G. Farr

James G. Farr

Chief Exec. Officer

3/23/01

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 | PVT | <input checked="" type="checkbox"/> Delete |
| NAME | WEYGANT, DENA E. | |
| STREET ADDRESS | 4901 NEAL ROAD | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | SDC | <input checked="" type="checkbox"/> Delete |
| NAME | WEYGANT, DENA E. | |
| STREET ADDRESS | 4901 NEAL ROAD | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | M | <input checked="" type="checkbox"/> Delete |
| NAME | WEYGANT, DENA E. | |
| STREET ADDRESS | 4901 NEAL ROAD | |
| CITY-ST-ZIP | FT. MYERS FL | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Weygant, Dena E. | |
| STREET ADDRESS | 4901 Neal Road | |
| CITY-ST-ZIP | FT. MYERS, FL 33905 | |
| TITLE | V/T/S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Farr, James G. | |
| STREET ADDRESS | 1502 W. Fletcher Av., Ste 101 | |
| CITY-ST-ZIP | Tampa, FL 33612 | |
| 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:

James G. Farr James G. Farr, Vice President

Date

3/23/01

Daytime Phone #

(813) 962-0548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)