

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32218

1. Entity Name

CENTRAL FLORIDA TITLE ASSOCIATION, INC. ✓

Principal Place of Business

P O BOX 2392
WINTER PARK FL 32790-2392

Mailing Address

P O BOX 2392
WINTER PARK FL 32790-2392

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

59-2979199

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

JONES, FREDERIC W ESQ
369 N. NEW YORK AVE.
STE. #300
WINTER PARK FL 32789

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ARRUDA, KEVIN
STREET ADDRESS 151 SOUTHWALL LANE SUITE 200
CITY-ST-ZIP MAITLAND FL

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

TITLE VTD ☐ Delete
NAME FOGLESONG, CAROL
STREET ADDRESS 201 S. ROSALIND AVENUE 4TH FLOOR
CITY-ST-ZIP ORLANDO FL

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

TITLE SD ☒ Delete
NAME STRICKLAND, GLORIA
STREET ADDRESS 836 PALM DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ Change ☒ Addition
NAME Carole Ricci
STREET ADDRESS 605 E. Robinson St.
CITY-ST-ZIP Orlando, FL 32801

TITLE D ☒ Delete
NAME STRICKLAND, GLORIA
STREET ADDRESS 6545 COPORATE CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE PD ☐ Delete
NAME GLAVIN, GRACE A
STREET ADDRESS 1340 TUSKAVILLA RD STE 102
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE D ☒ Delete
NAME MILLER, DEBBIE
STREET ADDRESS 6545 CORPORATE CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32822

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)