

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90007 007 \*\*\*\*61.25

**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

60074844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2979199**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 12, 2001, 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

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

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

TITLE **SD** ☐ Delete  
 NAME **RICCI, CAROLE**  
 STREET ADDRESS **605 E ROBINSON ST**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Carole Ricci*

7/24/01

407-836-5695

CR2E037 (5/01)