

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006185

1. Entity Name

THE EMERSON STREET TITLE HOLDING COMPANY

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90107 032 ****70.00

Principal Place of Business
4401 EMERSON ST.
JACKSONVILLE FL 32207

Mailing Address
4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207-4954

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3411330**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALLACE ETTLINGER, CAROLYN
4401 EMERSON ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> Delete
NAME	BLACK, NELSON	
STREET ADDRESS	225 WATER STREET, 8TH FLR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILLIAMS, WALTER	
STREET ADDRESS	2170 W. 13TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DSY	<input checked="" type="checkbox"/> Delete
NAME	CLEVELAND, HOLLY	
STREET ADDRESS	2344 SHERRINGTON ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	WEL	<input checked="" type="checkbox"/> Delete
NAME	WAMS, WALTER	
STREET ADDRESS	10450 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEVELAND, HOLLY K	
STREET ADDRESS	225 WATER ST., 2ND FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	445 State Rd 13, Ste 6-B	
CITY-ST-ZIP	32259	
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		

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)