

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000056950

1. Entity Name

ADVANTAGE TITLE OF SARASOTA, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90269 044 \*\*\*150.00

Principal Place of Business

3400 S. TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

3400 S. TAMiami TRAIL  
SARASOTA FL 34239

2. Principal Place of Business

4071 Bee Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Sarasota, Florida

City &amp; State

4. FEI Number

65 1016241

Applied For

Not Applicable

Zip 34233

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F  
3400 S. TAMiami TRAIL  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

City

ST 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 re-registering.)

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME DP  
STREET ADDRESS Deering, Albert  
CITY-STATE-ZIP 4071 Bee Ridge Road  
Sarasota, FL 34233TITLE ☐ Change ☒ Addition  
NAME VSI  
STREET ADDRESS Deering, Maira  
CITY-STATE-ZIP 4071 Bee Ridge Road  
Sarasota, FL 34233TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT R. DEERING

Date

Daytime Phone

4/1/01 941-371-8558

CR2E034 (10/00)