

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90096 037 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000012258

1. Entity Name

BANKERS ABSTRACT & LAND TITLE INSURANCE AGENCY, INC.

Principal Place of Business

**3717 BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436**

Mailing Address

**3717 BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436**

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

65-1075392

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

KAMRADT, RUSSELL T ESQ.

C/O AKERMAN, SENTERFITT & EIDSON, P.A.

777 SOUTH FLAGLER DRIVE SUITE 900 E.TOWER

WEST PALM BEACH FL 33401

Name

Calvin L. Cearley

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

15542 Cypress Park Drive

City

Wellington

FL

Zip Code

33414

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

Calvin L. Cearley, Director

1/28/02

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, 2002 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 **D** ☐ Delete
NAME **RAPAPORT, PETER A**
STREET ADDRESS **1557 NORTH OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
NAME **ROSENBAUGH, DEAN J**
STREET ADDRESS **1124 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
NAME **CEARLEY, CALVIN L**
STREET ADDRESS **15542 CYPRESS PARK DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **D** ☐ Delete
NAME **MARTIN, WILLIAM R**
STREET ADDRESS **4398 CARYOTA DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **D** ☐ Delete
NAME **NOREM, STORMET C**
STREET ADDRESS **2150 SOUTH OCEAN BLVD. 7-B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **D** ☐ Delete
NAME **RAPAPORT, JONATHAN F**
STREET ADDRESS **2701 TECUMSEH DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ 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:

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

1/28/02

Date

561-742-9110

Daytime Phone #

CR2E034 (9/01)