FOR PROFIT CORPORATION
AMENDED UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102209

1. Entity Name

CORAL RIDGE TITLE CO.

FILED
02 APR -5 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2900 East Oakland Park Blvd.	
Suite, Apt. #, etc.: Third Floor	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State
Zip: 33306 Country: USA	Zip Country

4. FEI Number: 65-1146623 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patrick O'Neal

Street Address (P.O. Box Number is Not Acceptable): 2900 East Oakland Park Blvd.
Third Floor

City: Fort Lauderdale **FL** Zip Code: 33306

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/D	TITLE	700005308087--8
NAME	Patrick O'Neal	NAME	-04/19/02--01045--015
STREET ADDRESS	2900 E Oakland Park Blvd., 3rd Flr.	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Fort Lauderdale, FL 33306	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Gayann O'Neal	NAME	
STREET ADDRESS	2900 E Oakland Park Blvd., 3rd Flr.	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Patricia S. Mackey	NAME	
STREET ADDRESS	2900 E Oakland Park Blvd., 3rd Flr.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Fort Lauderdale, FL 33306	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Patrick O'Neal 3/27/02 954-563-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #