

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90119 045 \*\*\*150.00

**DOCUMENT # P01648**

1. Entity Name

**LANDAMERICA INFORMATION COMPANY**

Principal Place of Business

**101 GATEWAY CENTER PARKWAY  
 GATEWAY ONE  
 RICHMOND VA 23235-5153**

Mailing Address

**101 GATEWAY CENTER PARKWAY  
 GATEWAY ONE  
 RICHMOND VA 23235-5153**

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

**54-1268834**

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

**SLOAN, F. LINTON  
 201 SOUTH ORANGE AVENUE  
 SUITE 1350  
 ORLANDO FL 32801**

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 re-statuting)

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 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	<input type="checkbox"/> Delete
NAME	FOSTER, CHARLES H. JR.	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, G WILLIAM	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBER, JOHN D	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPERT, JANET A.	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, R.K. JR.	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PALMER, ROBERT J	
STREET ADDRESS	101 GATEWAY CTR PKWY GATEWAY ONE	
CITY-ST-ZIP	RICHMOND VA 23235-5153	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D. Weber**

**4/17/01**

Date

**804-267-8000**

Daytime Phone #

CR2E034 (10/00)