

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90792 021 ***150.00

DOCUMENT # P93000046398

1. Entity Name

AG TITLE CORPORATION

Principal Place of Business

Mailing Address

4800 N FEDERAL HIGHWAY
 SUITE 105E
 BOCA RATON, FL 33431

200 S BISCAYNE BLVD
 SUITE 4900
 MIAMI, FL 33131

A0068354

2. Principal Place of Business
 13790 N.W. 4TH STREET

3. Mailing Address
 13790 N.W. 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 113

SUITE 113

City & State

City & State

SUNRISE, FL

SUNRISE, FL

4. FEI Number

65-0436600

Applied For

Not Applicable

Zip
 33325

Country

Zip
 33325

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAGG, LAWRENCE K.
 200 S. BISCAYNE BLVD.
 SUITE 4900
 MIAMI, FL 33131

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

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

TITLE PD
 NAME ACKERMAN, RICHARD S ☒ Delete
 STREET ADDRESS 4800 N FEDERAL HWY, SUITE 105E
 CITY - ST - ZIP BOCA RATON, FL 33431

TITLE V
 NAME GITLIN, GENE ☐ Delete
 STREET ADDRESS 4800 N. FEDERAL HWY, SUITE 105E
 CITY - ST - ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
 NAME AHERN, PATRICK M.
 STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA
 CITY - ST - ZIP GREENWICH, CT 06830

TITLE VD ☒ Change ☐ Addition
 NAME GIBLIN JR., E.M.
 STREET ADDRESS 13790 N.W. 4TH ST, SUITE 113
 CITY - ST - ZIP SUNRISE, FL 33325

TITLE TD ☐ Change ☒ Addition
 NAME WILCOX II, R. JOHN
 STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA
 CITY - ST - ZIP GREENWICH, CT 06830

TITLE SD ☐ Change ☒ Addition
 NAME WILCOX, ROBERT J.
 STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA
 CITY - ST - ZIP GREENWICH, CT 06830

TITLE V ☐ Change ☒ Addition
 NAME MILLER, ANDREA
 STREET ADDRESS 13790 N.W. 4TH ST, SUITE 113
 CITY - ST - ZIP SUNRISE, FL 33325

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:

E.M. GIBLIN, JR.

04/26/01

954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #