

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060752

1. Entity Name

INDEPENDENT TITLE OF ST. AUGUSTINE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90403 027 \*\*\*150.00

Principal Place of Business

Mailing Address

2676 US 1 SOUTH  
ST. AUGUSTINE FL 32086  
US

2676 US 1 S  
ST. AUGUSTINE FL 32086-6191  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3013278

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAUBARD, ROBERT M  
2676 US 1 SOUTH  
ST. AUGUSTINE FL 32086

Name

Deborah Keller

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

2676 US 1 South

City

St Augustine

FL

Zip Code

32086

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, 2000 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	ST	<input checked="" type="checkbox"/> Delete
NAME	GRAUBARD, ROERT M	
STREET ADDRESS	2626 US 1 SOUTH SUITE 203	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GESELL, PAMELLA	
STREET ADDRESS	2626 US 1 SOUTH SUITE 203	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLER, DEBORAH	
STREET ADDRESS	2626 US 1 SOUTH SUITE 203	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gesell, PAMELLA	
STREET ADDRESS	2676 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keller, Deborah	
STREET ADDRESS	2676 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2E034 (9/99)