

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90063 048 \*\*\*150.00

**DOCUMENT # P94000049484**

1. Entity Name

**WEST COAST TITLE & ABSTRACT COMPANY**

Principal Place of Business

**5917 MANATEE AVE W  
#207  
BRADENTON FL 34209  
US**

Mailing Address

**5917 MANATEE AVE W  
#207  
BRADENTON FL 34209  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0502750**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGETT, DAN C  
6218 GLEN ABBEY LANE  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

**Germaine M. Burgett**

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

**9543 59th Avenue East**

City

**Bradenton****FL**

Zip Code

**34202**

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

*Germaine M. Burgett***Germaine M. Burgett****1/16/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURGETT, DAN C 6218 GLEN ABBEY LANE BRADENTON FL 34202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURGETT, GERMAINE M 6218 GLEN ABBEY LANE BRADENTON FL 34202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Germaine M. Burgett***Germaine M. Burgett****(941) 761-8612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/16/01**

Daytime Phone #

CR2E034 (10/00)

## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

2074

1. DECEDENT'S NAME FIRST: Danny MIDDLE: Carl LAST: Burgett			2. SEX Male								
3. DATE OF DEATH (Month, Day, Year) August 16, 2000		4. SOCIAL SECURITY NUMBER 468-64-2970		5a. AGE-Last Birthday (years) 48		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 Day Hours: Minutes:			
6. DATE OF BIRTH (Month, Day, Year) December 14, 1951		7. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska				8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No					
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient: <input checked="" type="checkbox"/> ER/Outpatient: <input type="checkbox"/> DOA: <input type="checkbox"/> OTHER: Nursing Home: <input type="checkbox"/> Residence: <input type="checkbox"/> Other (Specify): <input type="checkbox"/>						9b. INSIDE CITY LIMITS? (Yes or No) Yes					
9c. FACILITY NAME (If not institution, give street and number) Manatee Memorial Hospital				9d. CITY, TOWN, OR LOCATION OF DEATH Bradenton		9e. COUNTY OF DEATH Manatee					
10a. DECEDENT'S USUAL OCCUPATION Owner		10b. KIND OF BUSINESS/INDUSTRY Title Insurance Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Germaine Roche					
13a. RESIDENCE - STATE Florida		13b. COUNTY Manatee		13c. CITY, TOWN, OR LOCATION Bradenton		13d. STREET AND NUMBER 6218 Glen Abbey Lane					
13e. INSIDE CITY LIMITS? (Yes or No) No		13f. ZIP CODE 34202		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: College (1-4 or 5+) (0-12) 3			
17. FATHER'S NAME (First, Middle, Last) Lowell Burgett				18. MOTHER'S NAME (First, Middle, Maiden Surname) Bernice Hanford							
19a. INFORMANT'S NAME (Type/Print) Germaine Burgett				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6218 Glen Abbey Lane, Bradenton, Florida 34202							
20a. METHOD OF DISPOSITION Burial: <input type="checkbox"/> Cremation: <input checked="" type="checkbox"/> Removal from State: <input type="checkbox"/> Donation: <input type="checkbox"/> Other (Specify): <input type="checkbox"/>				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Palmetto Crematory		20c. LOCATION - City or Town, State Palmetto, Florida					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				21b. LICENSE NUMBER (of Licensee) 3113		21c. NAME AND ADDRESS OF FACILITY: Shannon Funeral Home 5610 Manatee Avenue W., Bradenton, FL 34209					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) [Signature]				23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) [Signature]							
22b. DATE SIGNED (Mo., Day, Yr.) 8/18/00				22c. HOUR OF DEATH 4:47 a. M.		23b. DATE SIGNED (Mo., Day, Yr.) August 18, 2000					
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kevin L. Boyer M.D., 4110 Manatee Ave. W., Bradenton, FL 34205				23c. MEDICAL EXAMINER'S CASE #							
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Kevin L. Boyer M.D., 4110 Manatee Ave. W., Bradenton, FL 34205				25a. SUBREGISTRAR - SIGNATURE AND DATE [Signature]				25b. LOCAL REGISTRAR - SIGNATURE [Signature]		25c. DATE REGISTERED August 18, 2000	

August 28, 2000

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

BY *Edith M. McIlroy, CSR*  
Chief Deputy Registrar,  
Manatee Co. Health Department

State Registrar

WARNING:  
11992667THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.  
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.FLORIDA DEPARTMENT OF  
HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD