

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051903

1. Entity Name

THE JOHN GALT TITLE COMPANY

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90127 014 ***150.00

Principal Place of Business

Mailing Address

555 SOUTH FEDERAL HWY.. #430
 BOCA RATON FL 33432
 US

555 SOUTH FEDERAL HWY.. #430
 BOCA RATON FL 33432-6033
 US

2. Principal Place of Business

3511 NE 22nd Avenue

3. Mailing Address

3511 NE 22nd Avenue

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0504932

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

RUDD, JAMES D
 555 SOUTH FEDERAL HWY., #430
 BOCA RATON FL 33432

Name

JAMES D. RUDD

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

3511 NE 22nd Avenue

Suite 100

City

Fort Lauderdale

FL

Zip Code
 33308

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)

5-1-00

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 DP ☐ Delete
 NAME RUDD, JAMES D
 STREET ADDRESS 2500 N MILITARY TRAIL STE 102
 CITY-ST-ZIP BOCA RATON FL

TITLE DP ☒ Change ☐ Addition
 NAME RUDD, JAMES D.
 STREET ADDRESS 3511 NE 22nd Avenue, Suite 100
 CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
 NAME RUDD, CHRISTINA
 STREET ADDRESS 3511 NE 22nd Avenue, Suite 100
 CITY-ST-ZIP Fort Lauderdale, Florida 33308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

51-00

954-281-7107

CR2E034 (9/99)