

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085142

1. Entity Name

UNIVERSITY TITLE SERVICES, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90042 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1023 MANATEE AVENUE WEST  
BRADENTON FL 34205

101 GATEWAY CTR PKWY  
GATEWAY ONE  
RICHMOND VA 23235-5153  
US

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

65-0537845

Applied For

Not Applicable

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

GRIMES, CALEB J  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205

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, 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 PD ☐ Delete  
NAME ATKINS, CARL  
STREET ADDRESS 202 LAKE MIRIAM DR SOUTHSIDE CTR  
CITY-ST-ZIP LAKELAND FL 33807

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 14802 N. Dale Mabry Hwy., Suite 100  
CITY-ST-ZIP Tampa, FL 33618

TITLE VP ☐ Delete  
NAME WHITEHEAD, C. SAMUEL  
STREET ADDRESS 2199 RINGLING BOULEVARD  
CITY-ST-ZIP SARASOTA FL 34237-7003

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2033 Wood Street, Suite 100  
CITY-ST-ZIP Sarasota, FL 34237

TITLE SD ☐ Delete  
NAME GLADFELTER, LESLIE H  
STREET ADDRESS 1023 MANATEE AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE TD ☒ Delete  
NAME POSTLETWAITE, ROGER F  
STREET ADDRESS 7550 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS Thomas J. Danahy  
CITY-ST-ZIP 108 Edmonton Lane  
Bradon, FL 33511

TITLE AS ☐ Delete  
NAME MCGILL, BRENDA K  
STREET ADDRESS 101 GATEWAY CTR PKWY GATEWAY ONE  
CITY-ST-ZIP RICHMOND VA 23235-5153

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 all other like empowered.

SIGNATURE: Brenda K. McGill REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda K. McGill, Asst. Secretary 2/2/00 804-267-

Date

Daytime Phone #

8000

CP2E034 (9/99)