

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90148 047 ***550.00

DOCUMENT # P95000023597

1. Entity Name
KLEAR TITLE INSURANCE GROUP, INC.

Principal Place of Business
7251 W PALMETTO PK RD #301
BOCA RATON FL 33433
US

Mailing Address
7251 W PALMETTO PK RD #301
BOCA RATON FL 33433
US

977554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5400 S. University Drive

3. Mailing Address

Suite, Apt. #, etc.
Suite 605

Suite, Apt. #, etc.

City & State
Davie, FL

City & State

4. FEI Number **65-0570781**

Applied For
 Not Applicable

Zip
33328

Country
USA

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

KOPELOWITZ, HARVEY
7251 W PALMETTO PK RD #301
2ND FLOOR
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **KOPELOWITZ, HARVEY**
 STREET ADDRESS **7251 W PALMETTO PK RD #301**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Christopher K. Tury**
 STREET ADDRESS **5400 S. University Drive, #605**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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, title, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

954-252-5500

Date

Daytime Phone #

CR2E034 (4/02)