## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **P95000086803** 1. Entity Name RESOURCE TITLE COMPANY, INC. 02-06-2001 90266 046 \*\*\*150.00 Principal Place of Business Mailing Address 1200 N. FEDERAL HIGHWAY 1200 N. FEDERAL HIGHWAY SUITE 320 SUITE 320 ロロロエオコヘヘ **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address FEDERAL HWY 399 Satt 399 SWIH FADERAL DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0638666 RATION Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HIGHWAY SUITE 320 FEDERAL **BOCA RATON FL 33432** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete Change TITLE FELBERBAUM, RICK S NAME NAME 399 SOUTH FEDERAL HIGHWAY BOCA RATON, FLORIDA 33432 STREET ADDRESS STREET ADDRESS % 1200 N. FEDERAL HWY #320 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432 ⊠** Delete TITLE TITLE ARONER, WILLIAM J NAME BECKERMAN, DAVID M NAME 399 SOUTH FEDERAL HIBHURY STREET ADDRESS STREET ADDRESS % 1200 N. FEDERAL HWY #320 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FLORIDA **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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