

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006306

1. Entity Name

UNITED TITLE LAND SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90232 010 ***158.75

Principal Place of Business

Mailing Address

1850 FOREST HILL BLVD.
SUITE 103
W. PALM BEACH FL 33406

1850 FOREST HILL BLVD.
SUITE 103
W. PALM BEACH FL 33406-6056

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

65-0654264

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

GINDEL, TAMMY L
7516 PINEWALK DRIVE SOUTH
MARGATE FL 33063

Name

ROBERT C. GINDEL

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

1850 FOREST HILL BLVD. SUITE 103

City

WEST PALM BEACH,

FL

Zip Code

33406

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

APRIL 1, 2000

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 **D** ☒ Delete
NAME **GINDEL, TAMMY L**
STREET ADDRESS **5979 PATIO DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ROBERT C. GINDEL**
STREET ADDRESS **1850 FOREST HILL BLVD., SUITE 103**
CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 2000

Date

Daytime Phone #

ROBERT C. GINDEL, DIRECTOR

CR2E034 (9/99)