

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008954

1. Entity Name

AMERICAN TITLE CORP. OF NORTH FLA.

Principal Place of Business

Mailing Address

622 CASSAT AVE. #9
JACKSONVILLE FL 32205

622 CASSAT AVE. #9
JACKSONVILLE FL 32205-4415

2. Principal Place of Business

3. Mailing Address

1725 CASSAT AVE

1725 CASSAT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

Zip 32210

Country USA

Zip 32210

Country USA

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, C.B.
622 CASSAT AVE, #9
JACKSONVILLE FL 32205

Name

C.B. ROTH

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

1725 CASSAT AVE

City

JACKSONVILLE

FL

Zip Code

32210

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ROTH, CHARLES B
622 CASSAT AVE, #9
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CHARLES B. ROTH
1725 CASSAT AVE
JACKSONVILLE, FL. 32210

TITLE
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TITLE
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-02/20/01--01067--005
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 FEB -5 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

10/2 0034015

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Memorandum

To: KATHY

From: CHARLES B. ROTH - AMERICAN TITLE CORP. OF NORTH FLA. DOC #

P96000008954

Date: 01/30/01

Re: REINSTATEMENT

DEAR KATHY,

I RECENTLY FOUND OUT THAT MY 2000 UBR MUST HAVE BEEN MISPLACED. I THOUGHT THAT I HAD FILED IT ON TIME, AND WITH THE APPROPRIATE FEE'S HOWEVER, THIS WAS NOT THE CASE.

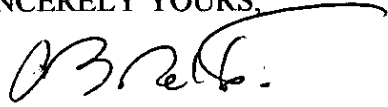
ADDITIONALLY, SINCE I MOVE TO A NEW BUSINESS ADDRESS I DID NOT RECEIVE NOTIFICATION THAT MY CORP. WAS GOING TO BE DISSOLVED.

PLEASE FIND ENCLOSED A COPY OF THE 2000 UBR ALONG WITH THE CANCELLED CHECK THAT I THOUGHT WAS APPLIED TO THIS CORP RENEWAL.

BASED ON OUR RECENT CONVERSATION, I WAS HOPING THAT I COULD QUALIFY FOR A ONE TIME REINSTATEMENT WAIVER FOR THIS ERROR.

HOPING THAT THIS MAY BE THE CASE, I HAVE ENCLOSED MY CHECK FOR \$ 300. ALONG WITH A SIGNED COPY OF THE UBR. I WOULD BE VERY GRATEFUL FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY YOURS,



CHARLES B. ROTH