

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063475

1. Entity Name

ALAFIA TITLE INSURANCE, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90065 009 ***150.00

Principal Place of Business

Mailing Address

7407 US HWY 301 SOUTH
SUITE 100
RIVERVIEW FL 33569
US

7407 US HWY 301 SOUTH
SUITE 100
RIVERVIEW FL 33569-4385
US

2. Principal Place of Business

139 E. Bloomingdale Ave.

3. Mailing Address

139 E. Bloomingdale Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Brandon, Florida

4. FEI Number

59-3393181

Applied For

Not Applicable

Zip

Country

33511

USA

Zip

Country

33511

USA

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

ALONSO, BOBBI J
7407 US HWY 301 SOUTH
SUITE 100
RIVERVIEW FL 33569

Name

Bobbi Jo Alonso

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

139 E. Bloomingdale Ave.

City

Brandon

FL

Zip Code
33511

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

Bobbi Jo Alonso Bobbi Jo Alonso

4-24-2000

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 **P** ☐ Delete
NAME **ALONSO, BOBBI JO**
STREET ADDRESS **11115 CARMON STREET**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **VP** ☐ Delete
NAME **ALONSO, WAYNE C**
STREET ADDRESS **11115 CARMON STREET**
CITY-ST-ZIP **RIVERVIEW FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Bobbi Jo Alonso Bobbi Jo Alonso, President 4/24/2000 813-681-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)