

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90016 035 ***150.00

0498820 AV

DOCUMENT # P96000092961

1. Entity Name

UNION TITLE INSURANCE COMPANY, INC.

Principal Place of Business

**8152 FIDDLERS CREEK PKWY
 NAPLES FL 34114**

Mailing Address

**801 LAUREL OAK DRIVE
 SUITE 710
 NAPLES FL 34108**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3200 Tamiami Trail N

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Naples FL

4. FEI Number

59-3417836

Applied For

Not Applicable

Zip

Country

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOODWARD, MARK J
 801 LAUREL OAK DRIVE
 SUITE 710
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

Woodward Mark J

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

3200 Tamiami Trail N

Suite 200

City

Naples

FL

Zip Code

34103

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.

Mark J. Woodward

(NOTE: Registered Agent signature required when reinstating)

1/25/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **WOODWARD, MARK J**
 STREET ADDRESS **801 LAUREL OAK DR. SUITE 710**
 CITY-ST-ZIP **NAPLES FL 34108**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(941) 649-6555

Daytime Phone #

CR2E034 (9/01)