

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014977

1. Entity Name

TITLE SERVICES OF NORTH FLORIDA, INC.

Lawyers Title Agency of the Emerald Coast, Inc

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90032 019 \*\*\*150.00

Principal Place of Business

Mailing Address

3001 HWY 77  
LYNN HAVEN FL 32444

P O BOX 19  
PANAMA CITY FL 32402-0019

2. Principal Place of Business

1400 Highway 20 East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

503

City & State

City & State

Niceville, FL

Zip 32578

Country USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-34569462

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

BEASLEY, DARLENE F  
3001 HWY 77  
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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)

☐

**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	<input type="checkbox"/> Delete
NAME	SELLARS, FALCON B	
STREET ADDRESS	P O BOX 19 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3001 Highway 77	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Endry, Joseph	
STREET ADDRESS	1135 Sawgrass Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sellars, Rhonda	
STREET ADDRESS	3001 Highway 77	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul, Kathy	
STREET ADDRESS	1400 Highway 20 East, Suite 503	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Falcon B. Sellars

Date

1/8/100

Daytime Phone #

850-7189-3368

CR2E034 (9/99)