

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90098 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000014977
1. Entity Name
LAWYERS TITLE AGENCY OF THE EMERALD COAST, INC.

Principal Place of Business
4400 HIGHWAY 20 EAST
NICEVILLE FL 32578
US

Mailing Address
P O BOX 19
PANAMA CITY FL 32402

2. Principal Place of Business
1400 30th Street

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Niceville, FL

City & State
 City & State

Zip
32578

Country
USA

Zip
 Zip

Country
 Country

4. FEI Number
59-3456962

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BEASLEY, DARLENE F
3001 HWY 77
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLARS, FALCON B		NAME		
STREET ADDRESS	3001 HIGHWAY 77		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRY, JOSEPH		NAME		
STREET ADDRESS	1135 SAWGRASS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLARS, RHONDA		NAME		
STREET ADDRESS	3001 HIGHWAY 77		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, KATHY		NAME	Paul, Kathy	
STREET ADDRESS	4400 HIGHWAY 20 EAST, SUITE 503		STREET ADDRESS	1400 30th Street	
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **4/19/02** **850-392-2884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)