

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027754

1. Entity Name

ASSOCIATES TITLE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 042 ***150.00

Principal Place of Business

Mailing Address

31 OLD KINGS ROAD NORTH, SUITE 5
PALM COAST FL 32137

31 OLD KINGS ROAD NORTH, SUITE 5
PALM COAST FL 32137-8237

2. Principal Place of Business

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

3. Mailing Address

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

City & State

Palm Coast FL
Zip 32164 Country Flagler

City & State

Palm Coast FL
Zip 32164 Country Flagler

4. FEI Number

59-3497975

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

GIBBS, NICOLE R
31 OLD KINGS ROAD NORTH, SUITE 5
PALM COAST FL 32137

Name

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

15 Cypress Branch Way
Suite 203

City

Palm Coast FL Zip Code 32164

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 DP ☐ Delete
NAME MCDERMOTT, SANDRA M
STREET ADDRESS 31 OLD KINGS ROAD NORTH, SUITE 5
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE TD ☐ Delete
NAME GIBBS, DAVID D
STREET ADDRESS 31 OLD KINGS ROAD NORTH, SUITE 5
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE VPSPD ☐ Delete
NAME GIBBS, NICOLE R
STREET ADDRESS 31 OLD KINGS RD N STE 5
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicole R. Gibbs

Date

4-7-00 904-445-2100

Daytime Phone #

CR2E034 (9/99)