2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064747 1. Entity Name Addison Title Company; Inc.						FILED Apr 23, 2000 8:00 am Secretary of State 04-23-2000 90017 036 ***150.00			
Principal Place of Business Mailing Address						04-23-	:2000 90017	036 ***150	0.00
2. Principal Plac	ce of Business	3. Mailing Address							
	son-Suite 100	The Addison-Suite 100							
Suite, Apt. #, etc. 6274 Linton Blvd.		Suite, Apt. #, etc. 6274 Linton Blvd.				DO NOT WRITE IN THIS SPACE			
City & State	· ************************************	City & State				El Number		Ар	plied Far
Delray B	each, FL Country	Delray Beach, FL Zip Country			65	00947841			t Applicable
33484	USA	33484	USA		5 . C	Certificate of Status Des	ired 🗌	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. N	ame and Address of I	New Registered	Agent	
Anna M. McRae 23003 Southn State Road 7 Boca Raton, FL 33428			-	Street Add	na M. McRae eet Address (P.O. Box Number is Not Acceptable) ee Addison-Suite 100				
bota kat	011, 11 33420			City	4 Linton Blvd. ray Beach, F. FL Zip Code 33484				
	tion is eligible to satisfy its Intangible uirement and elects to do so. on back)	and title if applicable. (NOTE	Registered A	\$150.00 II be \$550	required when rein	10. Election Campai Trust Fund Contr		\$5.00	0 May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO	OFFICERS ÁN	D DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS 7	Anna M. The Add	ison-Suite 1	00	Change Ch	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS 7	Vice Pro Mitchel The 4Add	nton Blvd., esident & Di 1 T. McRae ison-Suitel® nton Blvd.,	rector	∑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ Delete	TITLE NAME STREET /	ADDRESS	<u> </u>		erray be	Change -	☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST					☐ Change	☐ Addition
TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A					☐ Change	☐ Addition
HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A					☐ Change	Addition
indicated on of the corpor	tify that the information supplied with this report or supplemental report is ration or the receiver or trustee empo on an aftachment with an address	strue and accurate and that movered to execute this report a	y signature	e shall have	e the same le	egal effect as if made u	nder oath; that I.	am an officer o	or director

Anna M. McRae-President signature and typed or printed name of signing officer or director

SIGNATURE:

CR2E034 (9/99)

4/17/00 561-638-6600

Daytime Phone #