

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073123

1. Entity Name

SURETY TITLE CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90140 013 ***158.75

Principal Place of Business

1805 COUNTY RD 951 SUITE
STE 1
NAPLES FL 34116

Mailing Address

1805 COUNTY RD 951 SUITE
STE 1
NAPLES FL 34116

2. Principal Place of Business

12355 Collier Boulevard

3. Mailing Address

12355 Collier Boulevard

Suite, Apt. #, etc.

Suite I

Suite, Apt. #, etc.

Suite I

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

Zip

34116

Country

4. FEI Number 65-0858371

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, DAVID F
80 SW 8 STREET STE 2804
MIAMI FL 33130

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 _____
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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID F	
STREET ADDRESS	10101 E BAY HARBOR DR APT 706	
CITY - ST - ZIP	BAY HARBOR FL 33154	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HUSS, LAWRENCE R	
STREET ADDRESS	15360 SHAMROCK DRIVE SE	
CITY - ST - ZIP	FT MYERS FL 33912	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROHDE, JUDITH D	
STREET ADDRESS	17557 ALLENTON ROAD	
CITY - ST - ZIP	FT MYERS FL 33912	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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

Lawrence R. Huss, Vice President

Date

4/24/01

Daytime Phone #

941-352-1805

CR2E034 (10/00)