

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 006 ***550.00

DOCUMENT # P99000013659

1. Entity Name

ADNORAM TITLE COMPANY, INC.

Principal Place of Business

200 West First Street
 Sanford, Fl. 32771

Mailing Address

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569467

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

Wayne J. Von Dreele
 4005 Maranda Way
 Sanford, Fl. 32771

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Wolf, Ronald W.
 4005 Maranda Way, Sanford, FL32771 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Heinle, Russell
 762 Willoughby Court, Winter Springs, FL 32789 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Von Dreele, Wayne J.
 4005 Maranda Way, Sanford, Fl 32771 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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

7-18-01 (412) 788-7423

Date

Daytime Phone #

CR2E034 (11/00)