2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000025366**

1. Entity Name

REALTY TITLE INSURANCE CORP

Principal Place of Business iû45 JENKS AVENUE **CITY FL 32401**

Mailing Address

1045 JENKS AVENUE PANAMA CITY FL 32401-2436

May 02, 2000 8:00 am Secretary of State

05-02-2000 90080 042 ***158.75



						00 11	
Principal Place of Business		3. Mailing Addre	ss				
Suite, Apt. #, etc.		Suite, Apt. #, e	etc.		DO NOT WRITE IN THIS SPACE		
City & State	.	City & State	City & State		4. FEI Number 59–3566151		Applied For Not Applicable
Zip	Country	Zip		ry	5. Certificate of Status Desired		Additional uired
	6. Name and Address of Curr	rent Registered Agent	•	7. Name and Address of New Registered Agent			
GRO	\$\$, F. J.			Name	VOO De Martin in New Assessable		
1045 JENKS AVENUE PANAMA CITY FL 32401				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip C	ode
Tax filing o	Signature, typed or printed name of registered pration is eligible to satisfy its Intan- equirement and elects to do so. ia on back)	gible FILI	E NOW!!! FEE		10. Election Campaign Fin		5.00 May Be - ded to Fees
OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	ORS IN 11
ITLE AME TREET ADDRESS ITY-ST-ZIP	D SANDRIE, R M 3254 COUNTRY CLUB DR	□ De	NAME STRE			☐ Chan	ge Addition
ITLE AME TREET ADDRESS	LYNN HAVEN FL 32444	De	elete Title Nami Stre			☐ Chan	ge 🔲 Addition
ITLE AME Treet address ITY-ST-ZIP		□ De	NAMI STRE			☐ Chan	ge 🔲 Addition
ITLE AME TREET ADDRESS		□ De	elete TITLE NAMI STRE			Chan	ge 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.

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

> and Guiarm. Sandrie

☐ Delete

☐ Delete

04/18/2000

850-872-7474

☐ Change

☐ Change

Addition

Addition

Daytime Phone #