

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027616

1. Entity Name

GREATER LAKELAND TITLE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90122 010 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1035 S. FLORIDA AVE., STE. 205 LAKELAND FL 33803		1035 S. FLORIDA AVE., STE. 205 LAKELAND FL 33803-1100	
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 59-3568509	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GILLESPIE, ROBIN L
6053 MORNINGDALE AVE
LAKELAND FL 33813

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: *Robin L. Gillespie*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/00
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	<input type="checkbox"/> Delete	TITLE <i>P</i>	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Robin L. Gillespie
STREET ADDRESS		STREET ADDRESS	6053 Morningdale Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Delete	TITLE <i>T/S</i>	Glenn A. Gillespie, Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	6053 Morningdale Avenue
STREET ADDRESS		STREET ADDRESS	Lakeland, FL 33813
CITY-ST-ZIP		CITY-ST-ZIP	Secretary/Treasurer
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

4/17/00 (863) 802-1223
Date Daytime Phone #

CR2E034 (9/99)