

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90036 013 ***150.00

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1. Entity Name
GULF COAST TITLE CLOSINGS & ESCROW SERVICES, INC



Principal Place of Business
**32815 US HWY 19 NORTH
PALM HARBOR FL 34683**

Mailing Address
**32815 US HWY 19 NORTH
PALM HARBOR FL 34683**

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 **59-3572832**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WEHLAU, CHERYL L
4942 FELECITY WAY
PALM HARBOR FL 34685**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	WEHLAU, JOHN T	
STREET ADDRESS	4942 FELECITY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEHLAU, CHERYL L	
STREET ADDRESS	4942 FELECITY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TAYLOR, ELSIE F	
STREET ADDRESS	4435 SERENITY TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALSH, CYNTHIA T	
STREET ADDRESS	1526 SAN MATEO DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MELICHAMP, DAVID E	
STREET ADDRESS	4408 SWIFT CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, DAVID B	
STREET ADDRESS	4435 SERENITY TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP & GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY T. SORENSEN II	
STREET ADDRESS	10610 WEYBRIDGE DR.	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURESA LONG	
STREET ADDRESS	2824 RUSTIC OAKS DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVIN CARLEY	
STREET ADDRESS	68 WEST PARK ST.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDA MATTHEWS	
STREET ADDRESS	1100 MCFARLANA ST.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEANN MAYNARD	
STREET ADDRESS	2457 CLUBSIDE CT. #211	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Henry T. Sorensen* **HANK SORENSEN, EVP & GENERAL COUNSEL** **1-3-03 727.784.6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)