

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052266

1. Entity Name

GOOD FAITH TITLE COMPANY

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90321 021 ***150.00

Principal Place of Business

706 TURNBULL AVE #204
ALTAMONTE SPRINGS FL 32701

Mailing Address

706 TURNBULL AVE #204
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3581406**

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

~~BOGLE & SCHULMAN, P.A. SE~~
706 TURNBULL AVE #203
ALTAMONTE SPRINGS FL 32701

Name **SEAN F. BOGLE**
Street Address (P.O. Box Number is Not Acceptable)
SAME ADDRESS
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 re-registering)

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	P	<input type="checkbox"/> Delete
NAME	BOGLE, SEAN F	
STREET ADDRESS	1508 ANCHOR CT.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHULMAN, BETH-ANN	
STREET ADDRESS	395 SANFORD AVE.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> Delete
NAME	OUTLAN, CATHERINE	
STREET ADDRESS	628 WEYBRIDGE CT.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARDING, CALVIN F JR.	
STREET ADDRESS	499 STILL FOREST TERRACE	
CITY-ST-ZIP	SANFORD FL 32771	
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"/> 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
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 authorized with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2001

407-834-3311

CR2E034 (10/00)