

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 045 ***150.00

DOCUMENT # P99000092479

1. Entity Name

REALTY TITLE, INC. PALM COAST

Principal Place of Business

Mailing Address

CYPRESS PT. PKY. STE.9
PALM COAST FL 32164

185 CYPRESS PT. PKY. STE.9
PALM COAST FL 32164-8400

2. Principal Place of Business

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

3. Mailing Address

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

City & State
Palm Coast FL

City & State
Palm Coast FL

4. FEI Number
59-3602853

Applied For
Not Applicable

Zip
32164

Country
Flagler

Zip
32164

Country
Flagler

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

GIBBS, NICOLE R
185 CYPRESS PT. PKY, STE.9
PALM COAST FL 32164

Name
3
Street Address (P.O. Box Number is Not Acceptable)
15 Cypress Branch Way
Suite 203
City Palm Coast FL Zip Code 32164

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, 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

TITLE PD
NAME MCDERMOTT, SANDRA M
STREET ADDRESS 185 CYPRESS PT. PKY, STE.9
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE VSD
NAME GIBBS, NICOLE D
STREET ADDRESS 185 CYPRESS PT. PKY, STE.9
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE TD
NAME GIBBS, DAVID D
STREET ADDRESS 185 CYPRESS PT. PKY, STE.9
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3 ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

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CITY-ST-ZIP

TITLE 3 ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)