

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098524

1. Entity Name
COLKEL TITLE AGENCY, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90198 025 ***150.00

Principal Place of Business
15 S BLVD OF THE PRESIDENTS
SARASOTA FL 34236
US

Mailing Address
C/O KELLEHER & ASSOC
17 BRITISH AMERICAN BLVD
LATHAM NY 12110
US

00053377



DO NOT WRITE IN THIS SPACE

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 59-3610178

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

COLEMAN, RUSSELL D
7311 RANGI DRIVE
SARASOTA FL 34241

Name

Street Address (P.O. Box Number is Not Acceptable)

15 South Blvd of the Presidents

City

Sarasota

FL

Zip Code
34241

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, 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 PD
NAME KELLEHER, TIMOTHY P
STREET ADDRESS 8 NORTHVIEW DR
CITY-ST-ZIP LATHAM NY 12110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME COLEMAN, RUSSELL D
STREET ADDRESS 7311 RANGI DRIVE
CITY-ST-ZIP SARASOTA FL 34211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 15 South Blvd of the Presidents
Sarasota FL 34236 ☒ Change ☐ Addition

TITLE VD
NAME COLEMAN, KAY M
STREET ADDRESS 160 FAIRWAY DRIVE
CITY-ST-ZIP NOVATO CA 94949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 1550 Indian Valley Rd
Novato, Ca. 94947 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)