

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90037 041 ***150.00

0011103

DOCUMENT # S93594

1. Entity Name

STEWART RIVER CITY TITLE, INC.

Principal Place of Business

**8640 PHILLIPS HWY
SUITE 8
JACKSONVILLE FL 32256
US**

Mailing Address

**219 NEWMAN ST
2ND SLOOR SUITE 200
JACKSONVILLE FL 32202
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

219 Newnan Street

Suite, Apt. #, etc.

2nd Floor, Suite 200

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32202-

Country

Zip

Country

4. FEI Number **59-3104516**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
3401 WEST CYPRESS ST
SUITE 202
TAMPA FL 33607**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HICKMAN, HAROLD E.	7785 BAYMEADOWS WAY, #111	JACKSONVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	BALKDWIN, KEVIN	8640 PHILLIPS HWY SUITE 8	JACKSONVILLE FL 32256	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HICKMAN, JIMMY	8640 PHILLIPS HWY #8	JACKSONVILLE FL 32256	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ST	MILLER, VIVIAN S	8640 PHILLIPS HWY #8	JACKSONVILLE FL 32256	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	BARTLE, LAURISSA	6840 PHILIPS HWY SUITE 8	JACKSONVILLE FL 32256	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		219 Newnan St., 2nd Fl, Suite 200	Jacksonville, FL 32202	

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		219 Newnan St., 2nd FL, Suite 200	Jacksonville, FL 32202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Blackman, James E.	219 Newnan St., 2nd FL, Suite 200	Jacksonville, FL 32202	

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

3-28-01

Date

(904) 356-6733

Daytime Phone #

CR2E034 (10/00)