

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90934 042 \*\*\*150.00

**DOCUMENT # 129560**

1. Entity Name

**FIDELIS CORPORATION**

Principal Place of Business

Mailing Address

NATIONSBANK TOWER, SUITE 2370  
 100 SE 2 ST  
 MIAMI FL 33131-2145  
 US

NATIONSBANK TOWER SUITE 2370  
 100 SE 2 ST  
 MIAMI FL 33131-2100  
 US

**80094619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**100 SE 2 ST**

**100 SE 2 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 2370**

**SUITE 2370**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip

Country

Zip

Country

**33131-2145**

**USA**

**33131-2145**

**USA**

4. FEI Number

**59-0241300**

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

**RICKARD, BARBARA A**  
**NATIONSBANK TOWER SUITE 2370**  
**100 SE 2 STREET**  
**MIAMI FL 33130**

Name

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

**100 SE 2 ST**

**SUITE 2370**

City

**MIAMI**

**FL**

Zip Code

**33131-2145**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VD	HEMMINGS, ARUTHUR I	2582 S E 7 COURT	HOMESTEAD FL	<input checked="" type="checkbox"/>
PTDM	RICKARD, BARBARA A	100 SE 2 STREET, SUITE 2370	MIAMI, FLORIDA 00000	<input type="checkbox"/>
D	BARR, SAMUEL L. JR.	10 MARBELLA CT HAMMOCK DUNES	PALM COAST FL	<input checked="" type="checkbox"/>
S	REICHARDT, F C	15 NE 131 ST	MIAMI FL 33161	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
V/D	POST, THOMAS R.	901 NE 2 AVE	MIAMI, FL 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	HOUGHTON, PETER E.	6520 SW 104 ST	MIAMI, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Barbara A. Rickard*

BARBARA A. RICKARD

04/28/2000

(305) 373-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #