2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90058 023 ***150.00

DOCUMENT # 378439

1. Entity Name

MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
3936 N. TAMIAMI TRAIL. STE. A NAPLES FL 34103 US	3936 N. TAMIAMI TRAIL. STE. A NAPLES FLA 34103-3506 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1349487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, PAULA R.
3936 N. TAMIAMI TRAIL, STE. A
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: Vogel, James D.

Street Address (P.O. Box Number is Not Acceptable): 3936 N.Tamiami Trail, Ste.A

City: Naples **FL** Zip Code: 34103

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: James D. Vogel, President — 4-3-00
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	TCD VOGEL, RICHARD M 3936 N. TAMIAMI TR #A NAPLES FL 34103	☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VOGEL, JAMES D. 3936 N. TAMIAMI TR #A NAPLES FL 34103	☐ Delete	TITLE NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLEMAN,PAULA R. 3936 N. TAMIAMI TR #A NAPLES FL 34103	☒ Delete	TITLE NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Wohlbrandt, Chris 3936 N.Tamiami Tr #A. Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PILKEY, JEANNINE C 3936 N. TAMIAMI TR #A NAPLES FL 34103	☒ Delete	TITLE NAME / STREET ADDRESS / CITY-ST-ZIP	V Huff, Betty A. 3936 N.Tamiami Tr #A Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HASTY,CELESTINE A. 3936 N. TAMIAMI TR #A NAPLES FL 34103	☒ 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

CR2E034 (9/99)

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: James D. Vogel — 4-3-00 — 941-262-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #