

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 039 ***150.00

DOCUMENT # H38114

Entity Name
JEFFERSON NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business W MORSE BLVD SUITE 140 WINTER PARK FL 32789	Mailing Address 1031 W MORSE BLVD SUITE 140 WINTER PARK FL 32789-3738
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 1031 W. Morse Blvd.	3. Mailing Address 1031 W. Morse Blvd.
Suite, Apt. #, etc. Suite 160	Suite, Apt. #, etc. Suite 160
City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32789	Country USA

4. FEI Number 59-2542469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANN, HADLEY & ALVAREZ, P.A.
1031 W MORSE BLVD
SUITE 270
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: **Swann & Hadley, P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
1031 W. Morse Blvd.
Suite 160
 City: **Winter Park** FL Zip Code: **32789**

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: DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAULIFFE, TERRENCE R 7527 OLD DOMINION DR MCLEON VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCAULIFFE, DOROTHY S 7527 OLD DOMINION DR MCLEON VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HANLON, JOHN 1401 K STREET NW SUITE 400 WASHINGTON DC 20005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDECKER, CHARLIE 220 S RIDGEWOOD AVENUE DAYTONA BEACH FL 32115-2412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHENBAUM, MALCOLM 402 HIGH POINT DRIVE COCOA FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARWIN, KELLY P JR 5104 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)