

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90035 019 \*\*\*150.00

UBR/2001

**DOCUMENT # H38114**

1. Entity Name  
**JEFFERSON NATIONAL TITLE INSURANCE COMPANY**

Principal Place of Business <b>1031 W MORSE BLVD          SUITE 160          WINTER PARK FL 32789</b>	Mailing Address <b>1031 W MORSE BLVD          SUITE 160          WINTER PARK FL 32789</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2542469</b>	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**

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: DATE: **4-3-2001**

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.  (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	PD MCAULIFFE, TERRENCE R 7527 OLD DOMINION DR MCLEON VA 22102 <input type="checkbox"/> Delete
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	D O'HANLON, JOHN 1401 K STREET NW SUITE 400 WASHINGTON DC 20005 <input type="checkbox"/> Delete
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	D KIRSCHENBAUM, MALCOLM 402 HIGH POINT DRIVE COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARWIN, KELLY P JR 5104 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Swann, Richard R. 1031 W. Morse Blvd, Suite 160 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 type="checkbox"/> Addition
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 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: **4-3-2001** Daytime Phone #: **407-647-2772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

*Swann & Hadley, P.A.*  
*Attorneys and Counselors at Law*

Attachment#  
H38114

522832

Pervie P. Swann (1895-1984)

Stuart P. Buchanan  
Ralph V. Hadley, III  
Richard R. Swann

Of Counsel:  
L. Pharr Abner

1031 W. Morse Boulevard  
Suite 160  
Winter Park, Florida 32789  
Telephone (407) 647-2777  
Fax (407) 647-2157

April 3, 2001

**Via Certified Mail**  
**Return Receipt Requested**  
**7000 0600 0021 8048 8145**

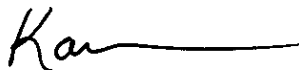
Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**RE: Jefferson National Title Insurance Company**

Dear Sir or Madam:

Enclosed please find the original 2001 Uniform Business Report for the above corporation, together with a check in the amount of \$150.00 payable to the Department of State for the filing fee. If you have any questions, please do not hesitate to give us a call.

Sincerely,



Karen M. Brown, CLA  
Legal Assistant

KMB/cl  
Enclosure

H:\Jefferson National\Uniform Business Report.doc