

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265229

1. Entity Name

FIDELITY LAND & MORTGAGE CO.

Principal Place of Business

1555 JONATHAN CT  
LARGO FL 33770

Mailing Address

1555 JONATHAN CT  
LARGO FL 33770-1676

2. Principal Place of Business

1555 JONATHAN CT.

Suite, Apt. #, etc.

3. Mailing Address

1555 JONATHAN CT.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33770

Country

PINE LLAS

Zip

33770

Country

PINE LLAS

6. Name and Address of Current Registered Agent

MOORE, DORIS E  
1555 JONATHAN CT  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

MOORE, DORIS E.

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

1555 JONATHAN CT.

City

LARGO

FL

Zip

33770

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

TITLE ☐ Delete  
NAME ASTD  
STREET ADDRESS MOORE, RICHARD F. II  
CITY-ST-ZIP 101 MOORE HAVE DR  
LIBERTY SC 29657

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS MOORE, DORIS E  
CITY-ST-ZIP 1555 JONATHAN CT.  
LARGO FL

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MOORE, RICHARD F.  
CITY-ST-ZIP 1555 JONATHAN CT  
LARGO FL

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS WHITE, KIMBERLY A.  
CITY-ST-ZIP 1569 BELLAIR LN  
CLEARWATER FL 34624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME ASTD  
STREET ADDRESS MOORE, RICHARD F. II  
CITY-ST-ZIP 101 MOORE HAVE DR  
LIBERTY, S.C. 29657

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

DORIS E. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90020 003 \*\*\*150.00

C0043648



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1000252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR20034 (9/99)

3/20/2000 727-888-7469