

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90223 041 \*\*\*150.00

**DOCUMENT # 444966**

1. Entity Name

**GUARANTEE ABSTRACT AND TITLE INSURANCE COMPANY**

Principal Place of Business

171 N. CLARK STREET., 8TH FL  
 CHICAGO IL 60601

Mailing Address

171 N. CLARK STREET., 8TH FL  
 CHICAGO IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

ML 08RS

Suite, Apt. #, etc.

ML 08RS

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3642540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THORNTON, JOHN S JR**  
**4300 DUHME ROAD**  
**SUITE 3D**  
**MADEIRA BEACH FL 33738**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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 **VP** ☐ Delete  
 NAME **NEMZURA, MARJORIE**  
 STREET ADDRESS **171 N. CLARK STREET., 8TH FL**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **VPS** ☐ Delete  
 NAME **VAN ROEYEN, EILEEN W**  
 STREET ADDRESS **171 N. CLARK STREET., 8TH FL**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **D** ☒ Delete  
 NAME **SISK, LARRY A**  
 STREET ADDRESS **171 N. CLARK ST.**  
 CITY-ST-ZIP **CHICAGO IL**

TITLE **T** ☐ Delete  
 NAME **FARENGA, PATRICK**  
 STREET ADDRESS **4050 CALLE REAL, SUITE 210**  
 CITY-ST-ZIP **SANTA BARBARA CA 93110**

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 **P/D** ☐ Change ☒ Addition  
 NAME **ALAN L. STINSON**  
 STREET ADDRESS **4050 CALLE REAL**  
 CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE **V/AS** ☒ Change ☐ Addition  
 NAME **EILEEN W. VAN ROEYEN**  
 STREET ADDRESS **171 N. CLARK ST., ML 08RS**  
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **S/D** ☐ Change ☒ Addition  
 NAME **BRAD J. BRIGANTE**  
 STREET ADDRESS **4050 CALLE REAL**  
 CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE **T/D** ☒ Change ☐ Addition  
 NAME **PATRICK FARENGA**  
 STREET ADDRESS **4050 CALLE REAL**  
 CITY-ST-ZIP **SANTA BARBARA CA 93110**

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:** Eileen W. Van Roeyen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312/223-2581

Daytime Phone #

CR2E034 (10/00)