

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813958

1. Entity Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW York

Principal Place of Business

2 PARK AVENUE  
3RD FLOOR  
NEW YORK NY 10016

Mailing Address

17911 VON KARMAN  
300  
IRVINE CA 92614-6262  
US

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

13-1286310

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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, 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 DC  
NAME FOLEY, WILLIAM P II  
STREET ADDRESS 3916 STATE STREET, SUITE 300  
CITY-ST-ZIP SANTA BARBARA CA 93105



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE CFOT  
NAME STINSON, ALAN L  
STREET ADDRESS 3916 STATE STREET, SUITE 300  
CITY-ST-ZIP SANTA BARBARA CA 93105



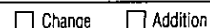
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE P  
NAME STONE, PATRICK F.  
STREET ADDRESS 3938 STATE STREET, 2ND FLOOR  
CITY-ST-ZIP SANTA BARBARA CA 93105



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE DEV  
NAME WILLEY, FRANK P  
STREET ADDRESS 3916 STATE STREET, SUITE 300  
CITY-ST-ZIP SANTA BARBARA CA 93105



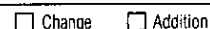
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE DVS  
NAME WIMER, CHARLES H  
STREET ADDRESS 2 PARK AVENUE, 3RD FLOOR  
CITY-ST-ZIP NEW YORK NY 10016



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE DV  
NAME RICHARDS, JONATHAN A.  
STREET ADDRESS 2 PARK AVENUE, 3RD FLOOR  
CITY-ST-ZIP NEW YORK NY 10016



TITLE  
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:

M. Liss Jones Kane - Secretary 3/15/00 (949)622-4326

Date

Daytime Phone #

CR2E034 (9/99)