## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F66955 1. Entity Name 00 AUG 25 AM 9: 40 ISLAND TITLE GUARANTY AGENCY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1118 N COLLIER BLVD 1118 N COLLIER BLVD MARCO ISLAND FL 33937 MARCO ISLAND FL 30937 19348 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0162720 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEEBER, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1118 N COLLIER BLVD MARCO ISLAND FL 34145 City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 8 Addition TITLE ☐ Dalete TITL F ☐ Change LEEBER, ROBERT B NAME NAME CR2E034 1036 S. COLLIER BLVD., APT. 202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL Change ☐ Addition Delete TITLE TITLE NORGREN, DAWNETTE M NAME NAME 1389 COLLIER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL ĭm F− ---- =- Delete TITLE ----The market of the same of - Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP П Addition TITLE ☐ Detete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE TITLE ☐ Dalete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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 employeed to a security his 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 purpose the empowered.

SIGNATURE:

Robert B. Leeber, President 8/3/00 941/597-1577



## ISLAND TITLE'S 5 STAR SERVICE

August 3, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: ISLAND TITLE GUARANTY AGENCY, INC. AND FIRST FLORIDA GROUP, INC.

To Whom It May Concern:

This letter will advise you that we filed our annual corporate reports on April 3, 2000, but you show no record of them. Therefore, we are re-submitting them with the regular fee of \$150.00 for each report.

We will call late next week to make sure they have been received. Thank you for your assistance.

Sincerely.

Robert B. Leeber

President

RBL/mm Enclosures CC: file