

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90040 001 \*1,050.00

**DOCUMENT # F95000003177**

1. Entity Name

**FIRST FIDELITY TITLE, INC.**

Principal Place of Business

**24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134-4920**

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

**59-3321774**

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

**HASTINGS, VIVEN  
 24301 WALDEN CENTER DR.  
 BONITA SPRINGS FL 34134**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>HOFFMAN, ALFRED JR<br>2020 CLUBHOUSE DR. PO BOX 5698<br>SUN CITY CENTER FL 33573-5698 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>ACKERMAN, DON E.<br>2020 CLUBHOUSE DR. PO BOX 5698<br>SUN CITY CENTER FL              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PETER, E. L.<br>2020 CLUBHOUSE DR. PO BOX 5698<br>SUN CITY CENTER FL 33573-5698        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>STARKEY, JERRY L<br>2020 CLUBHOUSE DR. PO BOX 5698<br>SUN CITY CENTER FL 33573-5698   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FLINN, MILTON G<br>2020 CLUBHOUSE DR. PO BOX 5698<br>SUN CITY CENTER FL 33573-5698     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DIETZ JAMES<br>2020 CLUBHOUSE DR<br>SUN CITY CENTER FL                                 | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>Hoffman, Alfred Jr.<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Ackerman, Don E.<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Blalock, Cherie<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Starkey, Jerry L.<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Flinn, Milton G.<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>Dietz, James<br>24301 Walden Center Drive<br>Bonita Springs, FL 34134        | <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vivien N. Hastings, Vice President**

1/18/00 (941) 947-2600

Date

Daytime Phone #

CR2E034 (9/99)