

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000350

1. Entity Name

FIRST AMERICAN NATIONAL FINANCIAL GROUP, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90082 034 ***150.00

Principal Place of Business

Mailing Address

20 N ORANGE AV E
14 FLOOR
ORLANDO FL 32801
US

9637 ARROW ROUTE SUITE A
RANCHO CUCAMONGA CA 91730-4553
US

802967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 N. ORANGE AVE.

3. Mailing Address

9637 ARROW ROUTE

Suite, Apt. #, etc.

#14th FLOOR

Suite, Apt. #, etc.

A

City & State

ORLANDO, FLORIDA

City & State

RANCHO CUCAMONGA, CA

4. FEI Number

33-0732384

Applied For

Not Applicable

Zip

32801

Country

Zip

91730

Country

SAN BERNARDINO

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

RUGAMAS, REYNALDO
20 NORTH ORANGE AVE., 14TH FL
ORLANDO FL 32801

Name

REYNALDO RUGAMAS

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

#20 NORTH ORANGE AVE., 14TH FL

City

ORLANDO

FL

Zip Code

32801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVCJ
JOHNSON, LYNNE
6148 VALINDA
ALTA LOMA CA

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCSD
HOLGOSN, ANTOINETTE
5673 BONITA
RANCHO CUCAMONGA CA

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

1/12/00 (909) 944-5525

CR2E034 (9/99)