

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90035 006 ***150.00

DOCUMENT # F98000000350

1. Entity Name

FIRST AMERICAN NATIONAL FINANCIAL GROUP, INC.

815040



DO NOT WRITE IN THIS SPACE

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
US**

2. Principal Place of Business

300 SOUTH ORANGE AVE.

3. Mailing Address

9637 ARROW ROUTE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500

B

City & State

ORLANDO, FLORIDA

City & State

RANCHO CUCAMONGA, CA

Zip

Country

32801

Zip

Country

91730

SAN BERNARDINO

4. FEI Number **33-0732384**

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

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

Name

REYNALDO RUGAMAS

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

300 SOUTH ORANGE AVE.

SUITE 1500

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCSD	<input type="checkbox"/> Delete
NAME	HOLGOSN, ANTOINETTE	
STREET ADDRESS	5673 BONITA	
CITY-ST-ZIP	RANCHO CUCAMONGA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINETTE HOLGUIN	
STREET ADDRESS	5673 BONITA AVE.	
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91737	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/01 (909) 944-5525

CR2E034 (10/00)