

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005275

1. Entity Name

FIRST GUARANTY FINANCIAL CORPORATION

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90113 004 \*\*\*550.00

Principal Place of Business

1114 LOST CREEK BLVD., STE 500  
AUSTIN TX 78746

Mailing Address

1114 LOST CREEK BLVD., STE 500  
AUSTIN TX 78746

ACU13000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 Bristol St. 8th Flr

3. Mailing Address

3200 Bristol Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th Floor

City & State

Costa Mesa, CA

City & State

Costa Mesa, CA

4. FEI Number

33-0296475

Applied For

Not Applicable

Zip

92626

Country

ORANGE

Zip

92626

Country

Orange

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SYLVESTRE, CRAIG  
905 EAST MARTIN LUTHER KING DRIVE  
SIXTH FLOOR  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **S** ☒ Delete  
NAME **WHITLEY, LEIANNE**  
STREET ADDRESS **1114 LOST CREEK BLVD., STE 500**  
CITY-ST-ZIP **AUSTIN TX 78746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **Rodney Thompson**  
STREET ADDRESS **3200 Bristol Street**  
CITY-ST-ZIP **Costa Mesa, CA 92626**

TITLE **V** ☐ Change ☒ Addition  
NAME **Deborah J. McCarron**  
STREET ADDRESS **3200 Bristol St., 8th Flr**  
CITY-ST-ZIP **Costa Mesa, CA 92626**

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/2000**

Daytime Phone #

CR2E034 (5/00)



**First Guaranty**  
FINANCIAL CORPORATION

August 28, 2000

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

SUBJECT: License Fee – Florida - \$550.00  
Document # F98000005275

Gentlemen:

Enclosed is your completed URB form and our Check Number 1708 to request Renewal of our Florida license with Sylvestre Craig our Agent.

If you should need to speak with me, my telephone number is (714) 424-7729 or my FAX number is (714) 825-0599.

Sincerely,

Rodney Thompson  
President

Enclosures