

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90003 048 ***150.00

DOCUMENT # H31010
 1. Entity Name
REPUBLIC TITLE CO. OF BREVARD, INC.

Principal Place of Business 625 E. NEW HAVEN AVENUE MELBOURNE FL 32901	Mailing Address POST OFFICE BOX 2883 MELBOURNE FL 32902-2883
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2633110	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUIDONE, ANTHONY
625 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GUIDONE, PHYLLIS	
STREET ADDRESS	625 E NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GUIDONE, ANTHONY	
STREET ADDRESS	625 E NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VIVIAN S. RODRIGUEZ	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIVIAN S. RODRIGUEZ	
STREET ADDRESS	625 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY CHAZ GUIDONE	
STREET ADDRESS	625 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS GUIDONE	
STREET ADDRESS	625 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY L. GUIDONE	
STREET ADDRESS	625 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
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: Anthony Guidone **SIGNATURE REQUIRED** Date: 4/17/00 Daytime Phone #: 407676-4025

CR2E034 (9/99)