

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85866

1. Entity Name

AMERICAN FIDELITY CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90167 029 ***150.00

Principal Place of Business

116 FRANCES DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 160323
ALTAMONTE SPRINGS FL 32716-0323

2. Principal Place of Business

3. Mailing Address

116 FRANCES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

59-2602545

Applied For

Not Applicable

Zip

Country

Zip

32714

Country

SEMINOLE

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

COMBS, BERNADETTE
116 FRANCES DRIVE
ALTAMONTE SPRINGS FL 32714

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 ☐ Delete
NAME D
STREET ADDRESS COMBS, JOHN L.
CITY-ST-ZIP 116 FRANCES DR.
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS COMBS, BERNADETTE G.
CITY-ST-ZIP 116 FRANCES DR.
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Bernadette G. Combs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 407-682-2000
Date Daytime Phone #

CR2E034 (9/99)