

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20483

1. Entity Name

FIDELITY TITLE AND GUARANTY COMPANY

Principal Place of Business

2233 LEE RD #101
WINTER PARK FL 32789

Mailing Address

2233 LEE RD #101
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LAJOIE, JOHN T
2807 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

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 \$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

TITLE	DV	<input type="checkbox"/> Delete
NAME	CASBON, JOHN	
STREET ADDRESS	237 LAFAYETTE ST STE 200	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	DEAL, LARRY P.	
STREET ADDRESS	2233 LEE RD #101	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	CONWAY, MIKE	
STREET ADDRESS	2807 REMINTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAJOIE, JOHN T	
STREET ADDRESS	6600 NW 16TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	DYER, JAMES	
STREET ADDRESS	2233 LEE ROAD, STE 101	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 reports 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

Michael Conway

4/6/00

Date

(850) 402-4101

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 010 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686304

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required