

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90095 037 ***158.75

DOCUMENT # J20483
1. Entity Name
FIDELITY TITLE AND GUARANTY COMPANY

Principal Place of Business **Mailing Address**
2233 LEE RD #101 **2233 LEE RD #101**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-2686304** **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

Lajoie, John T
2075 CENTRE POINTE BLVD
TALLAHASSEE FL 32308

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, 2002 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 **DV** ☐ **Delete**
NAME **CASBON, JOHN**
STREET ADDRESS **237 LAFAYETTE ST STE 200**
CITY-ST-ZIP **NEW ORLEANS LA**

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

TITLE **DPCO** ☐ **Delete**
NAME **DEAL, LARRY P.**
STREET ADDRESS **2233 LEE RD #101**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **DCEO** ☐ **Delete**
NAME **CONWAY, MIKE**
STREET ADDRESS **2807 REMINTON GREEN CIR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **ST** ☐ **Delete**
NAME **Lajoie, John T**
STREET ADDRESS **6600 NW 16TH ST**
CITY-ST-ZIP **PLANTATION FL**

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

TITLE **VPAS** ☐ **Delete**
NAME **DYER, JAMES**
STREET ADDRESS **2233 LEE ROAD, STE 101**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: John T. Lajoie **John T. Lajoie** **4-23-02** **402-4101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)