## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NAPLES FL 34102

3. Mailing Address

City & State

Suite, Apt. #, etc.

4TH FLOOR

2150 GOODLETTE ROAD

## DOCUMENT # P01000120277

1. Entity Name

4TH FLOOR

NAPLES FL 34102

Principal Place of Business

2. Principal Place of Business

2150 GOODLETTE ROAD

Suite, Apt. #, etc.

City & State

Zip

WEST COAST GUARANTY TITLE INSURANCE COMPANY



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90151 038 \*\*\*150.00

44000010

CHECK HERE IF MAKING CHANGES							
4. FEI Number 01-0552829		Applied For					
010332029		Not Applicable					
5. Certificate of Status Desired		\$8.75 Additional Fee Required					
7. Name and Address of New Registered Agent							

F.N.B. CORPORATION
2150 GOODLETTE ROAD
NAPLES FL 34102

City

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. 

\$5.00 May Be Added to Fees

Zip Code

Trust Fund Contribution. Added to Fees

DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	☐ Delete	TITLE	Nancy Moss 2150 Goodlette Fd Naples, FL 34	Change	Addition
NAME	COGHILL, TRACY L		NAME	Nancy Moss	N WHATIMA	_ `
	2150 GOODLETTE ROAD 4TH FLOOR		STREET ADDRESS	2150 Goodlette FO	W. THIT GOOD	
			CITY-SI-ZIP	Nada A 34	102	
CITY-ST-ZIP	NAPLES FL 34102		G111-31-20	Nagrus, 10 31	100	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	COGHILL, TRACY L		NAME			
STREET ADDRESS	2150 GOODLETTE ROAD 4TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP			
TITLE	VSD	Delete	. TITLE	Market Company of the	Change Change	Addition
NAME .	GOEHLER, JAMES L	23 24413	NAME			
STREET ADDRESS	2130 GOODLETTE ROAD N		STREET ADDRESS			1
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP			1
			T.T. C		Change	Addition
TITLE	VASD	☐ Delete	TITLE		Onlings	
NAME	RUNDORFF, WILLIAM J		NAME			
STREET ADDRESS	ONE F.N.B. BLVD. 6TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP	HERMITAGE PA 16148		CITY-ST-ZIP			
TITLE	Ø.	☐ Delete	TITLE		Change	Addition
NAME			NAME			ļ
STREET ADDRESS			STREET ADDRESS			İ
CITY-ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change	Addition
TITLE		T Delete	NAMÉ			_
NAME			STREET ADDRESS			1
STREET ADDRESS			-	}		
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		

12. 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 fue 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 received or trustee and one executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like employment.

SIGNATURE

AND TYPED OR PRINTED NAME DE BURNING OFFICER OR DIRECT

11, Presider

1/29/23(23)659687

CR2E034 (10/02)