


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90151 038 ***150.00

DOCUMENT # P01000120277	
1. Entity Name WEST COAST GUARANTY TITLE INSURANCE COMPANY	

Principal Place of Business 2150 GOODLETTE ROAD 4TH FLOOR NAPLES FL 34102	Mailing Address 2150 GOODLETTE ROAD 4TH FLOOR NAPLES FL 34102
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 01-0552829

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	PCOE COGHILL, TRACY L 2150 GOODLETTE ROAD 4TH FLOOR NAPLES FL 34102	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	D COGHILL, TRACY L 2150 GOODLETTE ROAD 4TH FLOOR NAPLES FL 34102	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	VSD GOEHLE, JAMES L 2130 GOODLETTE ROAD N NAPLES FL 34102	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	VASD RUNDORFF, WILLIAM J ONE F.N.B. BLVD. 6TH FLOOR HERMITAGE PA 16148	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VP Nancy Moss 2150 Goodlette Rd N. 4th Floor Naples, FL 34102	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Tracy L. Coghill, President **DATE:** 1/29/23 **DAYTIME PHONE #:** (239) 659-6872

CR2E034 (10/02)