

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P11891**

1. Entity Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY**FILED****Jun 05, 2000 8:00 am**
Secretary of State

06-05-2000 90020 049 ***158.75

Principal Place of Business

Mailing Address

17911 VON KARMAN
SUITE 300
IRVINE CA 92614
US17911 VON KARMAN
SUITE 300
IRVINE CA 92614-6262
US

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 **86-0417131**

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**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DCEO			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	FOLEY, WILLIAM P. II	3916 STATE STREET, STE. 300	SANTA BARBARA CA 93105							
	DEV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	WILLEY, FRANK P.	3916 STATE STREET, STE. 300	SANTA BARBARA CA 93105							
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STONE, PATRICK F.	3938 STATE STREET, 2ND FLOOR	SANTA BARBARA CA 93105							
	CFOT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STINSON, ALAN L	3916 STATE STREET, STE. 300	SANTA BARBARA CA 93105							
	DEV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	QUIRK, RAYMOND R.	3938 STATE STREET, 2ND FLOOR	SANTA BARBARA CA 93105							
	SSVP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	M'LISS JONES KANE	17911 VON KARMAN STE 300	IRVINE CA 92614							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M'LISS JONES KANE - Secretary 3/15/00 (949)622-4326