

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070021

1. Entity Name

FIRST NATIONAL TITLE INSURANCE, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90015 047 ***158.75

Principal Place of Business

Mailing Address

116 N FEDERAL HWY
DEERFIELD BEACH FL 33441
US

116 N FEDERAL HWY
DEERFIELD BEACH FL 33441-3610
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444043

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

SHANAHAN, PATRICK C
116 NORTH FEDERAL HWY
DEERFIELD BEACH FL 33441

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME SHANAHAN, PATRICK C
STREET ADDRESS 6174 NW-123 LANE 116 North Federal Hwy
CITY-ST-ZIP CORAL SPRINGS FL 33076 Deerfield Beach FL 33441

TITLE ☒ Change ☐ Addition
NAME President
NAME Patrick C Shanahan
STREET ADDRESS 116 North Federal Hwy
CITY-ST-ZIP Deerfield Beach FL 33441-3610

TITLE ☒ Delete
NAME CASTAGNOLO, CAROLINE
STREET ADDRESS 6174 NW 123 LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick C
Shanahan

Date

Daytime Phone #

1/17/00 9542335363x204