2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91169 001 ***150.00

DOCUMENT # P93000077795

1. Entity Name
FNF Bertolucci Inc.

771300

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1225 S. Hiawassee Rd. Orlando, Fl. 32835-5702	1225 S. Hiawassee Rd. Orlando, Fl. 32835

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 59-3210038 ☐ 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
Nancy Bertolucci 1225 S. Hiawassee Rd. Orlando, Fl. 32811	Name: FLORENCE BERTOLUCCI Street Address (P.O. Box Number is Not Acceptable): 1225 S. HIAWASSEE City: Orlando FL Zip Code: 32811

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: _____ 04-30-01
Signature required. Type or print 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!! After MAY 1, 200 Make Check Payabl

FEE IS $150.00 Fee will be $550.00 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nancy Bertolucci 1225 S. Hiawassee Rd. Orlando, Fl. 32811	☐ Delete (X)		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Florence Bertolucci 1225 S. Hiawassee Rd Orlando, Fl. 32811	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Fabio S. Ventura 1225 S. Hiawassee Rd. Orlando, Fl. 32811	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ Florence Bertolucci 04-30-01
Signature Print Name & Title Date

407-694-8898