

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076428

1. Entity Name

FIDELITY NATIONAL TITLE AGENCY OF PALM BEACH, IN

Principal Place of Business

2290 10TH AVENUE, NORTH
SUITE 302
LAKE WORTH FL 33461

Mailing Address

17911 VON KARMAN AVENUE
SUITE 300
IRVINE CA 92614

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

65-0637713

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

C T 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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DCOB
FOLEY, WILLIAM P II
17911 VON KARMAN, SUITE 300
IRVINE CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STONE, PATRICK F
17911 VON KARMAN, SUITE 300
IRVINE CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAUDSLEY, RONALD
17911 VON KARMAN, SUITE 300
IRVINE CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BRIGANTE, BRAD J
17911 VON KARMAN AVE., #300
IRVINE CA 92614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4050 Calle Real, Suite 200
Santa Barbara, CA 93110

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4050 Calle Real, Suite 200
Santa Barbara, CA 93110

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4050 Calle Real, Suite 210
Santa Barbara, CA 93110

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4050 Calle Real, Suite 220
Santa Barbara, CA 93110

☒ Change ☐ Addition
address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Patrick G. Farenga
4050 Calle Real, Suite 160
Santa Barbara, CA 93110

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad J. Brigante, Secretary

Date

Daytime Phone #

3/1/01

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90313 018 ***150.00

520183



DO NOT WRITE IN THIS SPACE

0571412

CR2E034 (10/00)



Attachment
#P 95000476488

March 27, 2001

520/83

Secretary of State - Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Fidelity National Title Agency of Palm Beach, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed Uniform Business Report for the above referenced corporation; and
2. Our check number 18006300, made payable to the Secretary of State in the amount of \$150.00 to cover required filing fees and a return certified copy.

Please acknowledge receipt of the foregoing by endorsing and returning the enclosed copy of the Report in the self-addressed, stamped envelope. If you have any questions regarding this filing, feel free to contact the undersigned.

Very truly yours,

A handwritten signature in cursive script that reads "Madeline Barewald".

Madeline Barewald
Corporate Paralegal

Telephone: (949) 622-4351

Facsimile: (949) 622-4104

E-mail: mbarewald@fnf.com

Enclosures