2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000024844

Entity Name: UNION FIDELITY FUND, INC.

Current Principal Place of Business:

SUITE 201
4600 EAST PARK DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

SUITE 201
4600 EAST PARK DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

P.O. BOX 3254
WEST PALM BEACH, FL 33402

FEI Number: 65-0824891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQUIRE
SUITE 201
4600 EAST PARK DRIVE
PALM BEACH GARDENS, FL 33410

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: MILLIGAN, ALPHONSO S
Address: 4600 EAST PARK DRIVE, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MILLIGAN, ALPHONSO S
Address: 4600 EAST PARK DRIVE, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Change (X) Addition
Name: MILLIGAN, ANGEL D
Address: P.O. BOX 211796
City-St-Zip: ROYAL PALM BEACH, FL 33421

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO MILLIGAN D 04/30/2002

Electronic Signature of Signing Officer or Director Date