

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90007 048 ***158.75

DOCUMENT # V38268

1. Corporation Name
UNITED FIDELITY GROUP, INC.



Principal Place of Business

894 AVIARY BAY CT
LONGWOOD FL 32750
US

Mailing Address

~~894 AVIARY BAY CT~~
~~LONGWOOD FL 32750~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

2. Principal Place of Business

21 110 South Wymore Rd.

Suite, Apt. #, etc.

22 Winter Park, FL

23 City & State

24 32789 25 USA

2a. Mailing Address

26 110 South Wymore Rd.

Suite, Apt. #, etc.

27 Winter Park, FL

28 City & State

29 32789 30 USA

4. FEI Number
59-3136712

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VOSE, GRETCHEN R H
2705 W FAIRBANKS AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME LYBRAND, BRUCE
STREET ADDRESS 894 AVIARY BAY CT
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE S
NAME LYBRAND, PATRICIA
STREET ADDRESS 894 AVIARY BAY CT
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE P
NAME LYBRAND, PATRICIA
STREET ADDRESS 894 AVIARY BAY CT
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☒ Change ☐ Addition
1.2 NAME BRUCE Lybrand
1.3 STREET ADDRESS 9065 St. Andrews Way
1.4 CITY-ST-ZIP Mt. Dora, FL 32757

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Lybrand Patricia
2.3 STREET ADDRESS 9065 St. Andrews Way
2.4 CITY-ST-ZIP Mt. Dora, FL 32757

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME Lybrand, Patricia
3.3 STREET ADDRESS 9065 St. Andrews Way
3.4 CITY-ST-ZIP Mt. Dora, FL 32757

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2/11/99

Date

407 6444453

Daytime Phone #

CR2E034 (11/98)

0079607