

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90020 016 ***158.75

DOCUMENT # V38268

1. Entity Name
UNITED FIDELITY GROUP, INC.

Principal Place of Business

**110 S WYMORE RD
WINTER PARK FL 32789
US**

Mailing Address

**110 S WYMORE RD
WINTER PARK FL 32789
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3136712**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **VP** ☐ Delete
NAME **LYBRAND, BRUCE**
STREET ADDRESS **9065 ST ANDREWS WAY**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **S** ☐ Delete
NAME **LYBRAND, PATRICIA**
STREET ADDRESS **9065 ST ANDREWS WAY**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **P** ☐ Delete
NAME **LYBRAND, PATRICIA**
STREET ADDRESS **9065 ST ANDREWS WAY**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Lybrand, Bruce**
STREET ADDRESS **27714 Lake Jem Rd**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE **S** ☒ Change ☐ Addition
NAME **Lybrand, Patricia**
STREET ADDRESS **27714 Lake Jem Rd**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE **P** ☒ Change ☐ Addition
NAME **Lybrand, Patricia**
STREET ADDRESS **27714 Lake Jem Rd**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 with another like empowered.

SIGNATURE:

Bruce E. Lybrand V.P. 3/6/02 407448-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)