

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0000000715**

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF CENTRAL FLORIDA

FILED

01 SEP 20 PM 12:17

Principal Place of Business

**1315 TUSKAWILLA ROAD
WINTER SPRINGS FL 32708**

Mailing Address

**C/O SECURITY FIRST TITLE AFFILIATES, INC.
1715 NORTH WESTSHORE BOULEVARD, SUITE 990
TAMPA FL 33607**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**7360 Bryan Dairy Rd.
Suite, Apt. #, etc.
#200**

DUE BY SEPTEMBER 26, 2001

City & State

City & State

Largo, FL

4. FEI Number

59-3628058

Applied For

Not Applicable

Zip

Country

Zip

Country

33777

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SECURITY FIRST TITLE AFFILIATES, INC.
1715 NORTH WESTSHORE BLVD., SUITE 990
TAMPA FL 33607**

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. Capital Contributions as Shown on record.

\$50,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECURITY FIRST TITLE AFFILIATES, INC.
1715 NORTH WESTSHORE BLVD., SUITE 990
TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004613783--9

STREET ADDRESS

-09/27/01--01062--001

CITY-ST-ZIP

*****847.50 ***847.50**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X SIGNATURE REQUIRED** *[Signature]*

9/17/01

0001607 AT

CF2E003 (5/01)

STAPLE CHECK HERE