

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014964 AT

Mc 3/19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 12 PM 1:57



**DOCUMENT #** A00000000715

**1. Entity Name**  
SECURITY FIRST TITLE PARTNERS OF CENTRAL FLORIDA, LTD.

**Principal Place of Business**  
1315 TUSKAWILLA ROAD  
WINTER SPRINGS FL 32708

**Mailing Address**  
7360 BRYAN DAIRY RD., #200  
LARGO FL 33777

**2. Principal Place of Business**  
960 South Orlando Ave.

**3. Mailing Address**

**City & State**  
Winterpark, FL

**City & State**

**Zip** 32789 **Country** USA

**DUE BY MAY 1, 2003**

**4. FEI Number** 59-3628058 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SECURITY FIRST TITLE AFFILIATES, INC.  
7360 BRYAN DAIRY ROAD, SUITE 200  
LARGO FL 33777

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$50,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 36,000

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300013985173 03/12/03-01025-010 **240.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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:** SIGNATURE REQUIRED of G.P. 1/13/03 (727) 549-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)