

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014808 AT

DOCUMENT # **A00000000730**

1. Entity Name  
**REALTY TITLE SERVICES OF SANIBEL, LTD.**

**FILED**

**02 MAY -1 AM 10: 54**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address  
**2402 PALM RIDGE ROAD, UNIT #4** **2402 PALM RIDGE ROAD, UNIT #4**  
**SANIBEL FL 33957** **SANIBEL FL 33957**

2. Principal Place of Business 3. Mailing Address  
**2340 Periwinkle Way** **2340 Periwinkle Way**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite I-2** **Suite I-2**

City & State City & State  
Zip Country Zip Country

**DUE BY MAY 1, 2002**  
**65-1002705**  
**APPLIED FOR**  
4. FEI Number Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**DELLUTRI, WILHELMINA**  
**12620 WORLD PLAZA LANE, SUITE 3**  
**FORT MYERS FL 33907**  
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 \_\_\_\_\_ 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. 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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P99000045140</b>		STREET ADDRESS	
NAME	<b>FLORIDA TITLE AFFILIATES, INC.</b>		CITY-ST-ZIP	
STREET ADDRESS	<b>12620 WORLD PLAZA LANE, SUITE 3</b>			
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>			
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NAME			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: **SANIBEL** **3/11/02** **941-277-5617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)