

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90253 007 \*\*\*150.00

DOCUMENT # 178092

1. Entity Name  
**FLORIDA TITLE & PARTNERS, INC.**

Principal Place of Business <b>1300 RIVERPLACE BLVD          SUITE 610          JACKSONVILLE FL 32207          US</b>	Mailing Address <b>1300 RIVERPLACE BLVD          SUITE 610          JACKSONVILLE FL 32207          US</b>
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2. Principal Place of Business <b>6215 Wilson Blvd.</b> Suite, Apt. #, etc. <b>Jacksonville, FL 32210</b> City & State	3. Mailing Address <b>P.O. Box 7779</b> Suite, Apt. #, etc. <b>Jacksonville, FL 32238</b> City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0762652</b>	Added For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BURPEE A.L. JR          1300 RIVERPLACE BLVD          SUITE 610          JACKSONVILLE FL 32207</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6215 Wilson Blvd.</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32210</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>BURPEE, A L JR</b> STREET ADDRESS <b>1300 RIVERPLACE BLVD. SUITE 610</b> CITY-STATE-ZIP <b>JACKSONVILLE, FL 00000</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6215 Wilson Blvd.</b> STREET ADDRESS <b>Jacksonville, FL 32210</b>
TITLE <b>VS</b>	<input type="checkbox"/> Delete <b>BRANNEN, W M</b> STREET ADDRESS <b>1300 RIVERPLACE BLVD, SUITE 610</b> CITY-STATE-ZIP <b>JAX, FL 00000</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6215 Wilson Blvd.</b> STREET ADDRESS <b>Jacksonville, FL 32210</b>
TITLE <b>DV</b>	<input type="checkbox"/> Delete <b>LYERLY, JEAN B.</b> STREET ADDRESS <b>1300 RIVERPLACE BLVD, SUITE 610</b> CITY-STATE-ZIP <b>JACKSONVILLE, FL 00000</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6215 Wilson Blvd.</b> STREET ADDRESS <b>Jacksonville, FL 32210</b>
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>TOWERS, C.D. JR.</b> STREET ADDRESS <b>1300 RIVERPLACE BLVD. SUITE 610</b> CITY-STATE-ZIP <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1301 Riverplace Blvd. Suite 1500</b> STREET ADDRESS <b>Jacksonville, FL 32207</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>LYLE, M.L.</b> STREET ADDRESS <b>1300 RIVERPLACE BLVD. SUITE 610</b> CITY-STATE-ZIP <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> NAME <b>Velta Sorrell</b> STREET ADDRESS <b>1301 Riverplace Blvd. Suite 1500</b> CITY-STATE-ZIP <b>Jacksonville, FL 32207</b>
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: A.L. Burpee, Jr. A.L. Burpee, Jr. 4/12/01 904/778-1888

CPRE004 (10/00)