

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014370 AT

DOCUMENT # A00000000913

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF ORANGE PARK, LT
D.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 12 PM 12:48

HL
3/6

Principal Place of Business
2233 PARK AVENUE, SUITE 500
ORANGE PARK FL 32073

Mailing Address
7360 BRYAN DAIRY ROAD, STE 200
LARGO FL 33777



2. Principal Place of Business
1008 Park Ave.
Suite, Apt. #, etc.
Suite 120

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Orange Park, FL

City & State

4. FEI Number 59-3630181

Applied For
Not Applicable

Zip Country
32073 USA

Zip Country

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

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

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
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date. 60,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000040857
NAME SECURITY FIRST TITLE AFFILIATES, INC.
STREET ADDRESS 1715 NORTH WESTSHORE BLVD., SUITE 990
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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)