

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001032

1. Entity Name

GOLDEN COAST TITLE, LTD.

Principal Place of Business

995 S.R. 434 NORTH, SUITE 514  
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 S.R. 434 NORTH, SUITE 514  
ALTAMONTE SPRINGS FL 32714

FILED

01 APR 27 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 N. PALAFOX ST.  
Suite, Apt. #, etc.

3. Mailing Address

1101 N. PALAFOX ST.  
Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3632585

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, FRANK E  
995 S.R. 434 NORTH, SUITE 514  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name FRANK E. STEVENSON, JR.

Street Address (P.O. Box Number is Not Acceptable)

1101 N. PALAFOX ST.

City

PENSACOLA

FL

Zip Code

32501

8. The above named entity supplies 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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$3,500.00

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 # GP0000000676  
NAME SOUTEAST TITLE, LLP  
STREET ADDRESS 995 S.R. 434 NORTH, SUITE 514  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

1101 N. PALAFOX ST.

PENSACOLA, FL 32501

STREET ADDRESS

CITY-ST-ZIP

400004213714--7

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

0020346 SP