

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020343 SP

DOCUMENT # A00000001221

1. Entity Name

COUNTRY RIVERS TITLE, LTD.

FILED

01 APR 27 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

995 S.R. 434 N. STE 514  
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 S.R. 434 N. STE 514  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1101 N. PALAFOR SE.  
Suite, Apt. #, etc.

3. Mailing Address

1101 N. PALAFOR SE.  
Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3644508

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 N., STE 514  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name FRANK E. STEVENSON

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

1101 N. PALAFOR SE.

City PENSACOLA

FL

Zip Code 32501

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

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.

\$0.00

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 # LLP000000529  
NAME SOUTHEAST TITLE GROUP, LLP  
STREET ADDRESS 995 S.R. 434 N., STE 514  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1101 N. PALAFOR SE,  
CITY-ST-ZIP PENSACOLA, FL 32501

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 700004213717--7  
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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)