

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001229**1. Entity Name
MARION TITLE, LTD.

Principal Place of Business	Mailing Address
995 S.R. 434 N., STE 514	995 S.R. 434 N., STE 514
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
1101 N. PALAFOX STREET	1101 N. PALAFOX
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
PENSACOLA FL	PENSACOLA FL
Zip	Zip
32501	32501
Country	Country

4. FEI Number	Applied For
59-3632806	Not Applicable

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 US

7. Name and Address of New Registered Agent
Name
STEVENSON FRANK E III
Street Address (P.O. Box Number is Not Acceptable)
1101 N. PALAFOX STREET
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 **FRANK E. STEVENSON, III**

04/20/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 3,500.0010. Amount of Capital Contributions
in FLORIDA to date. 3,500.00**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 #
NAME
SOUTHEAST TITLE GROUP LLP
STREET ADDRESS
995 S.R. 434 N STE 514
CITY-ST-ZIP
ALTAMONTE SPRINGS FL
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY
STREET ADDRESS
1101 N. PALAFOX STREET
CITY-ST-ZIP
PENSACOLA FL 32501
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
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: FRANK E. STEVENSON, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/20/2001

Date

Daytime Phone #

CR2E003 (11/00)