

2001 UNIFORM BUSINESS REPORT (UBR)

0009048 AF

DOCUMENT # A96000000513

1. Entity Name
HERITAGE TITLE INSURANCE, LTD.

FILED

01 JUN 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602**

Mailing Address
**P.O. BOX 3433
TAMPA FL 33601**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**201 N. Franklin Street
Suite 2100**

City & State
Tampa, Florida

4. FEI Number
59-3367932

Applied For
 Not Applicable

Zip
33602

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KUSSNER, STEPHEN L
201 NORTH FRANKLIN STREET, 22ND FLOOR
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Stephen J. Mitchell

Street Address (P.O. Box Number is Not Acceptable)
**201 North Franklin St.,
Suite 2100**

City
Tampa FL 33602

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 *changed* *Stephen J. Mitchell* **4-1-01**
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. **\$13,981.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000015470 AMCER, INC. 201 N. FRANKLIN STREET, SUITE 2100 TAMPA FL 33602
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	2000004469352--9
CITY-ST-ZIP	-07/11/01--01053--022 ***186.75 ***186.75
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: *Stephen J. Mitchell* **SIGNATURE REQUIRED** **3/2/01** **(941) 433-3962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
STEPHEN J. MITCHELL PRESIDENT OF AMCER, INC.

CFR2E003 (11/00)