

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009048 AF

DOCUMENT # **A96000000513**

1. Entity Name

**HERITAGE TITLE INSURANCE, LTD.**

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

3. Mailing Address

**201 N. Franklin Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 2100**

City & State

City & State  
**Tampa, Florida**

Zip

Country

Zip

Country

**33602**

4. FEI Number

**59-3367932**

Applied For

Not Applicable

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**

Zip  
**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*

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

(NOTE: Registered Agent signature required when reinstating)

**4-1-01**

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

13. ADDRESS CHANGES ONLY

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**STEPHEN J. MITCHELL PRESIDENT OF AMCER INC**

Date

**3/2/01**

Daytime Phone #

**(941) 433-3962**

CR2E003 (11/00)

FILED

01 JUN 27 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE