

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004417 AV

DOCUMENT # A97000000802

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF ST. PETE BEACH, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 16 PM 12:18

Principal Place of Business

7340 GULF BLVD  
ST. PETERSBURG FL 33706

Mailing Address

1715 N. WESTSHORE BLVD., STE. 990  
TAMPA FL 33607



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7360 Bryan Dairy Road

Suite, Apt. #, etc.

Suite 200

City & State

Largo, FL

Zip

33777

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3397249

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE SECURITY FIRST TITLE AFFILIATES, INC.  
1715 N. WESTSHORE BLVD., STE. 990  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions as Shown on record.

\$25,000.00

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 # P95000040857  
NAME THE SECURITY FIRST TITLE AFFILIATES, INC.  
STREET ADDRESS 1715 N. WESTSHORE BLVD., STE. 150  
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7360 Bryan Dairy Rd, Suite 200

CITY-ST-ZIP

Largo, FL 33777

STREET ADDRESS

CITY-ST-ZIP

900005678569--5

STREET ADDRESS

-06/04/02--01093--009

CITY-ST-ZIP

\*\*\*\*272.50 \*\*\*\*272.50

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)