

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001834

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF THE GULF COAST,

Principal Place of Business  
3349 TAMiami TRAIL NORTH #990  
NAPLES FL 34103

Mailing Address  
1715 N. WESTSHORE BLVD., SUITE 150  
TAMPA FL 33607-3911

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 AM 10:01

3/27/00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0629970

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

9. Capital Contributions as Shown on record.

\$40,000.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-10-00

Date

Daytime Phone #

2008346

11

CR2E003 (9/99)