

2000 UNIFORM BUSINESS REPORT (UBR)

009346 11

DOCUMENT # A97000001834
 1. Entity Name
SECURITY FIRST TITLE PARTNERS OF THE GULF COAST,

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 20 AM 10:01
 ml 3/27/00

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0629970** 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., SUITE 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 DATE **3-10-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
DOCUMENT #	P95000040857
NAME	THE SECURITY FIRST TITLE AFFILIATES, INC.
STREET ADDRESS	1715 N. WESTSHORE BLVD., SUITE 150
CITY - ST - ZIP	TAMPA FL 33607
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	
CITY - ST - ZIP	600003199096--7
STREET ADDRESS	-04/07/00--01002--023
CITY - ST - ZIP	****377.50 ****377.50
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: SIGNATURE REQUIRED **3-10-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)