

2002 UNIFORM BUSINESS REPORT (UBR)

0004389 AV

DOCUMENT # **A97000001834**

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF THE GULF COAST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 12:26

5/30



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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

SAME

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

7360 BRYAN DAIRY RD.

SUITE 200

City

LARGO

FL

Zip Code

33777

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.

\$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	STREET ADDRESS	7360 Bryan Dairy Road Ste 200
NAME	THE SECURITY FIRST TITLE AFFILIATES, INC.	CITY-ST-ZIP	Largo, FL 33777
STREET ADDRESS	1715 N. WESTSHORE BLVD., SUITE 150	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	600005678566-4
DOCUMENT #		STREET ADDRESS	-06/04/02--01093--008
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)