

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001836**

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF FT. LAUDERDALE,

Principal Place of Business

**8320 W. SUNRISE BLVD., SUITE 100
FT. LAUDERDALE FL 33322**

Mailing Address

**1715 N. WESTSHORE BLVD., SUITE 990
TAMPA FL 33607-3916**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**THE SECURITY FIRST TITLE AFFILIATES, INC.
1715 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3455103**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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

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 #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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05/31/00--01015---009
*******377.50 *****377.50**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)