

2002 UNIFORM BUSINESS REPORT (UBR)

0004529 AV

DOCUMENT # **A97000001836**

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF FT. LAUDERDALE, LTD.

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 AM 10:47



2. Principal Place of Business

3. Mailing Address

7360 Bryan Daring Road

Suite, Apt. #, etc.

Ste #200

Suite, Apt. #, etc.

City & State

City & State

Largo FL

Zip

Country

Zip

Country

33777

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3455103

Applied For

Not Applicable

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 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.

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

STREET ADDRESS **7360 Bryan Daring Road, Ste 200**

CITY-ST-ZIP **Largo, FL 33777**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **600005694766--0**

CITY-ST-ZIP **06/06/02--01055--004
*****377.50 *****377.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **280.00-up**

CITY-ST-ZIP **88.75-Adm**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **8.75-Cert**

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

4/29/02

Date

Daytime Phone #

CR2E003 (9/01)