

2002 UNIFORM BUSINESS REPORT (UBR)

0021096 SP

DOCUMENT # **A98000000630**

1. Entity Name

**SECURITY FIRST TITLE PARTNERS OF THE PALM BEACHE
S, LTD.**

FILED

02 APR 18 PM 3:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**11924 FOREST HILL BOULEVARD
SUITE #4
WELLINGTON FL 33413**

Mailing Address

**1715 N. WESTSTORE BLVD., SUITE 990
TAMPA FL 33607**

2. Principal Place of Business

**11490 Ospreetree Blvd
Suite, Apt. #, etc.**

3. Mailing Address

**7360 Bryan Dairy Rd.
Suite, Apt. #, etc.
Suite #200**

DUE BY MAY 1, 2002

City & State

Royal Palm Beach, FL

City & State

Largo, FL

4. FEI Number

59-3493251

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33777

Country

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

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 WESTSHORE BLVD., SUITE 150**
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**7360 Bryan Dairy Rd, Suite #200
Largo, FL 33777**

DOCUMENT #
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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

Date

Daytime Phone #

CR2E003 (9/01)