

2000 UNIFORM BUSINESS REPORT (UBR)

0013795 A

DOCUMENT # **A98000002459**

1. Entity Name
SOUTHEAST TITLE AFFILIATES OF BRANDON, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 5:50



Principal Place of Business
**112 E. BLOOMINGDALE AVENUE
BRANDON FL 33511**

Mailing Address
**112 E. BLOOMINGDALE AVENUE
BRANDON FL 33511-8101**

2. Principal Place of Business
170 E. Bloomingdale Av

3. Mailing Address
170 E. Bloomingdale Av

City & State
Brandon FL

City & State
Brandon FL

Zip
33511

Country
USA

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEIMAN, CHERYL
112 E. BLOOMINGDALE AVENUE
BRANDON FL 33511**

7. Name and Address of New Registered Agent
Name **Cheryl Leiman**
Street Address (P.O. Box Number is Not Acceptable)
170 E. Bloomingdale Av
City **Brandon** FL Zip Code **33511**

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 **Address Change only**
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. **\$3,000.00**

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 #	P98000087949
NAME	SOUTHEAST TITLE AFFILIATES, INC.
STREET ADDRESS	112 E. BLOOMINGDALE AVENUE
CITY - ST - ZIP	BRANDON FL 33511
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	600003216736
CITY - ST - ZIP	-04/20/00--01070--017
STREET ADDRESS	****141.25 ****141.25
CITY - ST - ZIP	
STREET ADDRESS	
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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: **Cheryl Leiman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4/4/00** Daytime Phone # **813 681 8008**

CR2E003 (9/99)