

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002507

1. Entity Name
BROKERS TITLE OF ORLANDO, LTD.

FILED
Apr 15, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

Mailing Address
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**

DUE BY MAY 1, 2002

4. FEI Number 59-3541096

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

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G ESQ.
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

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 _____ **DATE** _____

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

9. Capital Contributions as Shown on record. **\$20,000.00**

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 #	P98000063500	STREET ADDRESS	
NAME	BROKERS TITLE OF ORLANDO, INC.	CITY-ST-ZIP	
STREET ADDRESS	2699 LEE ROAD, SUITE 540		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	400005289894--3
NAME		CITY-ST-ZIP	-04/17/02--01065--008
STREET ADDRESS			***228.75 ***228.75
CITY-ST-ZIP			
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NAME		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: _____ **4-8-02** **407-629-8870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)