

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A990000000046**

1. Entity Name

**TITLE PARTNERS OF NORTHLAKE, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 3:52

Principal Place of Business  
**3350 NORTHLAKE PARKWAY  
ATLANTA GA 30345**

Mailing Address  
**3350 NORTHLAKE PARKWAY  
ATLANTA GA 30345-2222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2431055**

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

**TITLE PARTNERS OF AMERICA, INC.  
1715 N. 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]*

(NOTE: Registered Agent signature required when reinstating)

**4-20-00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000040945**  
NAME **TITLE PARTNERS OF AMERICA, INC.**  
STREET ADDRESS **1715 N. WESTSHORE BLVD., SUITE 990**  
CITY - ST - ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**500003284455-2**  
**06/12/00 01027 021**  
**\*\*\*\*447.50 \*\*\*\*447.50**

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-20-00**

Date

Daytime Phone #