

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019715 AF

DOCUMENT # **A990000000047**

1. Entity Name

**TITLE PARTNERS OF DRUID HILLS, L.P.**

**FILED**

01 MAY -2 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2260 N. DRUID HILLS ROAD  
ATLANTA GA 30329**

Mailing Address  
~~**2260 N. DRUID HILLS ROAD  
ATLANTA GA 30329**~~

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1715 N. Westshore Blvd.  
Suite # 990**

City & State  
**Tampa, FL**

Zip  
**33607**

Country  
**USA**

4. FEI Number  
**58-2431052**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TITLE PARTNERS OF AMERICA, 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. (NOT: Registered Agent signature required when reinstating) 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 #	<b>P95000040945</b>		
NAME	<b>TITLE PARTNERS OF AEMRICA, INC.</b>		
STREET ADDRESS	<b>1715 N. WESTSHORE BLVD., SUITE 990</b>		
CITY-ST-ZIP	<b>TAMPA FL 33607</b>		
DOCUMENT #			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>300004315343--3</b>
STREET ADDRESS	<b>05/24/01 01068-008</b>
CITY-ST-ZIP	<b>****447.50 ****447.50</b>
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/20/01** Daytime Phone #

CR2E003 (11/00)