

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR420 AV

DOCUMENT # A99000000232

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF PALM HARBOR, LT  
D.

FILED

02 APR 18 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

34824 U.S. 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

1715 N. WESTSHORE BLVD., SUITE 990  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

7360 Bryan Dairy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 200

City & State

City & State

Largo, FL

Zip

Country

Zip

33777

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3546969

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

SECURITY FIRST TITLE AFFILIATES, INC.  
1715 N WESTSHORE BLVD., SUITE 990  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

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.

\$75,000.00

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 SECURITY FIRST TITLE AFFILIATES, INC.  
STREET ADDRESS 1715 N WESTSHORE BLVD., SUITE 990  
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

7360 Bryan Dairy Rd, Suite 200

CITY-ST-ZIP

Largo, FL 33777

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)