

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000249**

1. Entity Name
SCOTT/HARRIS TITLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410

Mailing Address
4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410-6561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0893971

Applied For
Not Applicable

Zip Country

Zip Country

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

BARRA, RICHARD K
4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410

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 (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$750.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$750.00**

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 # **P99000009720**
NAME **SRH TITLE COMPANY**
STREET ADDRESS **4400 PGA BLVD SUITE 800**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP
700003297237--7
-06/20/00--01050--052
*******88.75 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
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700003297237--7
-06/20/00--01050--053
*******52.50 *****52.50**

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

SIGNATURE: *Richard Barra* **SIGNATURE REQUIRED** *v.p of general partner* **561-624-3900**
Date: **4/27/00** Daytime Phone #

CF 103 (1/01)