

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001267 AT

DOCUMENT # **A99000000249**

FILED

1. Entity Name  
**SCOTT/HARRIS TITLE, LTD.**

01 JUL 25 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br><b>4400 PGA BLVD<br/>SUITE 800<br/>PALM BEACH GARDENS FL 33410</b> | Mailing Address<br><b>4400 PGA BLVD<br/>SUITE 800<br/>PALM BEACH GARDENS FL 33410</b> |
|---|---|



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

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 \_\_\_\_\_ (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.      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>P99000009720</b>                |
| NAME                            | <b>SRH TITLE COMPANY</b>           |
| STREET ADDRESS                  | <b>4400 PGA BLVD SUITE 800</b>     |
| CITY-ST-ZIP                     | <b>PALM BEACH GARDENS FL 33410</b> |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           | <b>700004500437--4</b>                                       |
| CITY-ST-ZIP              | <b>-07/26/01--01086--012</b><br><b>****141.25 ****141.25</b> |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| 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: *SRH Title Company*      **SIGNATURE REQUIRED**      *7/17/01*      *561-624-3900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)