

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003181 AV

DOCUMENT # A99000000249

1. Entity Name
SCOTT/HARRIS TITLE, LTD.

02 APR 19 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0893971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000009720 SRH TITLE COMPANY 4400 PGA BLVD SUITE 800 PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	388885361723-6 -04/29/02--01014--027 ****141.25 ****141.25
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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: **SRH Title Company**
By **SIGNATURE REQUIRED** President **4/12/02** (561-624-4275)

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

CR2E003 (9/01)