

2001 UNIFORM BUSINESS REPORT (UBR)

0014118 AF

DOCUMENT # **A99000000964**

1. Entity Name

TITLE GROUP OF FORT MYERS, LTD.

FILED

mf

01 FEB -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12241 UNIVERSITY DRIVE
FORT MYERS FL 33907**

Mailing Address

**12620 WORLD PLAZA LANE, SUITE 3
BUILDING 60
FORT MYERS FL 33907**

2. Principal Place of Business

7910 Summerlin Lakes Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0926920

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

SMITH, DEBORAH

**12620 WORLD PLAZA LANE
SUITE 3, BLDG. 60
FORT MYERS FL 33907**

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000045140**
NAME **FLORIDA TITLE AFFILIATES INC.**
STREET ADDRESS **12699 NEW BRITTANY BLVD.**
CITY-ST-ZIP **FT-MYERS-FL-33907**

STREET ADDRESS **12620 World Plaza Lane**
CITY-ST-ZIP **Bldg 60 Suite 3
Fort Myers, FL. 33907**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **800003677558--5
-02/13/01--01035--016
****438.75 ****438.75**

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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

2-1-01

Date

Daytime Phone #

CR2E003 (11/00)