

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002001

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF MELBOURNE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 10 PM 12:45



Principal Place of Business

580 NORTH WICKHAM ROAD, SUITE A  
MELBOURNE FL 32935

Mailing Address

C/O SECURITY FIRST TITLE AFFILIATES, INC.  
1715 NORTH WESTSHORE BOULEVARD, SUITE 990  
TAMPA FL 33607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7360 Bryan Dairy Road  
Suite 200  
Largo, FL  
33777 USA

DUE BY MAY 1, 2002

4. FEI Number

59-3604430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SECURITY FIRST TITLE AFFILIATES, INC.  
1715 NORTH WESTSHORE BOULEVARD, SUITE 990  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Same

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

7360 Bryan Dairy Rd.

Suite 200

City LARGO,

FL

Zip Code 33777

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

\$0.00

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 # P95000040857  
NAME SECURITY FIRST TITLE AFFILIATES, INC.  
STREET ADDRESS 1715 NORTH WESTSHORE BLVD., SUITE 990  
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7360 Bryan Dairy Road Ste 200  
CITY-ST-ZIP LARGO, FL 33777

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 800005763968--6  
CITY-ST-ZIP -06/12/02--01080--004  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS 800005763968--6  
CITY-ST-ZIP -06/12/02--01080--005  
\*\*\*\*\*97.50 \*\*\*\*\*97.50

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0004356 AV

CR2E003 (9/01)

STAPLE CHECK HERE