

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002098 AF

DOCUMENT # **A99000002002**

1. Entity Name

**SECURITY FIRST TITLE PARTNERS OF SOUTH BREVARD,**

**FILED**

**01 APR -9 AM 11:10**

Principal Place of Business

**580 NORTH WICKHAM ROAD, SUITE A  
MELBOURNE FL 32935**

Mailing Address

**C/O SECURITY FIRST TITLE AFFILIATES, INC. SECRETARY OF STATE  
1715 NORTH WESTSHORE BOULEVARD, SUITE 990 TALLAHASSEE, FLORIDA  
TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**635 S Wickham Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**W. Melbourne, FL.**

City & State

4. FEI Number

**59-3605521**

Applied For

Not Applicable

Zip

**32904**

Country

**USA**

Zip

Country

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

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.

**\$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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800004014398--E**

**04/18/01 01004 001**

**\*\*\*150.00 \*\*\*150.00**

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 REQUIRED**

Date

Daytime Phone #

CR2E003 (5/00)