

# 2002 UNIFORM BUSINESS REPORT (UBR)

000461 AV

DOCUMENT # **A99000002002**

1. Entity Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W 5/30

Principal Place of Business

635 S. WILKHAM ROAD  
W. MELBOURNE FL 32904

Mailing Address

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

02 MAY 16 AM 10:50



2. Principal Place of Business

580 N Wilkham Rd.

3. Mailing Address

7360 Bryan Dairy Rd.

Suite, Apt. #, etc.

Ste A

Suite, Apt. #, etc.

Ste 200

City & State

Melbourne FL

City & State

Largo, FL

Zip

32935

Country

Brevard

Zip

33777

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3605521

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

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 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 7360 Bryan Dairy Rd, Ste. 200  
CITY-ST-ZIP Largo, FL 33777

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)