

2001 UNIFORM BUSINESS REPORT (UBR)

000835 AF

DOCUMENT # **A99000002166**

1. Entity Name

ENTERPRISE TITLE PARTNERS OF HILLSBOROUGH COUNTY

Principal Place of Business

**14310 N. DALE MABRY HIGHWAY, SUITE 260
TAMPA FL 33618**

Mailing Address

**14310 N. DALE MABRY HIGHWAY, SUITE 260
TAMPA FL 33618**

FILED

01 APR 23 PM 12:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3614381

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARK, PHILLIP W

13930 N. DALE MABRY HIGHWAY, SUITE ONE

TAMPA FL 33618

7. Name and Address of New Registered Agent

Name **CLARK, PHILLIP W.**

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

14310 N DALE MABRY HWY

SUITE 260

City **TAMPA**

FL

Zip Code **33618**

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

PHILLIP W CLARK

4/20/01

9. Capital Contributions
as Shown on record.

\$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

29,500.00

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 # **P99000014404**
NAME **ENTERPRISE TITLE AFFILIATES, INC.**
STREET ADDRESS **14310 N. DALE MABRY HIGHWAY, SUITE 260**
CITY-ST-ZIP **TAMPA FL 33618**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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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

PHILLIP W CLARK

Date

Daytime Phone #

4/20/01

813961-3371

000835 AF (11/00)