

2001 UNIFORM BUSINESS REPORT (UBR)

0013043 AF

DOCUMENT # L00000002858

1. Entity Name
CASTLE TITLE CO., LLC

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2700 S. COMMERCE PKWY, SUITE 305
WESTON FL 33331

Mailing Address
2700 S. COMMERCE PKWY, SUITE 305
WESTON FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0997831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDY, Nanci S
2700 S. COMMERCE PKWY, SUITE 305
WESTON FL 33331

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME Joseph E. Aitschul
STREET ADDRESS 2700 S. Commerce Pkwy, Ste 305
CITY-ST-ZIP WESTON, FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME MANAGING PARTNER
STREET ADDRESS Nanci S. Landy
CITY-ST-ZIP 2700 S. Commerce Pkwy, Ste 305
WESTON, FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Nanci Landy

4/24/01

954-659-9952

Date

Daytime Phone #

CR2E083 (11/00)