

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003393

1. Entity Name

GULF COAST TITLE PARTNERS, LLC

Principal Place of Business

3 WEST GARDEN STREET, SUITE 600
BLOUNT BLDG.
PENSACOLA FL 32501

Mailing Address

3 WEST GARDEN STREET, SUITE 600
BLOUNT BLDG.
PENSACOLA FL 32501

2. Principal Place of Business

1403 E. Belmont St.
Suite, Apt. #, etc.

3. Mailing Address

1403 E. Belmont St.
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

USA

Zip

32501

Country

USA

4. FEI Number

59-3649647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET, SUITE 600
BLOUNT BLDG.
PENSACOLA FL 32501

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

900004560099-7

-08/28/01--01064--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Beggs + Lane L.L.P. (MARM)
3 West Garden St. Ste 600 - Blount Bld.
Pensacola, FL 32501

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

6-29-01

Date

FILED

01 AUG 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE