

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032799 SP

DOCUMENT # L00000003776

1. Entity Name

ELITE TITLE PARTNERSHIP, LLC

FILED

01 MAR -9 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10138 U.S. 19  
PORT RICHEY FL 34668

Mailing Address

10138 U.S. 19  
PORT RICHEY FL 34668

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025219

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, MARIE B  
10138 U.S. 19  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

DWYER, MARGARET L

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

10138 U.S. 19

City

PORT RICHEY

FL

Zip Code

34668

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

2/7/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
KEYSTONE TITLE  
10138 U.S. 19  
PORT RICHEY, FL 34668

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
RAY ARRAZCAETA  
7150 CONGRESS ST  
NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SALVATORE MACALUSO  
6154 SPRINGER DRIVE  
PORT RICHEY, FL 34654

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3000003891173-013  
-03/21/01--01106--013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

Margaret L Dwyer

2/7/01

727-862-5003

CR2E083 (11/00)