

2001 UNIFORM BUSINESS REPORT (UBR)

0004804 AF

DOCUMENT # L00000010048

1. Entity Name
TITLECORP OF FLORIDA/RD&C MANAGEMENT LLC

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
670 N. ORLANDO AVE. SUITE 102
MAITLAND FL 32751

Mailing Address
670 N. ORLANDO AVE. SUITE 102
MAITLAND FL 32751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3710278

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARCHIE, ROBERT W
670 N. ORLANDO AVE. SUITE 102
MAITLAND FL 32751

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/27/01

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

300004488763--3
-07/23/01--01004--010
*****50.00 *****50.00

9. **V.P. MANAGING MEMBERS/MEMBERS**

10. **ADDITIONS/CHANGES**

TITLE NAME Delete
William Johnson
STREET ADDRESS **670 N. ORLANDO AV. MGRM**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE NAME Change Addition
ROBERT ARCHIE
STREET ADDRESS **670 N. ORLANDO AV. MGRM**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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

[Handwritten Signature]

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

Date

Daytime Phone #

9/27/01

4076297070

CR2E083 (11/00)