

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90118 008 \*\*\*\*50.00

**DOCUMENT # L00000010048**

1. Entity Name

**TITLECORP OF FLORIDA/RD&C MANAGEMENT LLC**

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3710278**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	JOHNSON, WILLIAM		
STREET ADDRESS	670 N. ORLANDO AVE. SUITE 102		
CITY-ST-ZIP	MAITLAND FL 32751		
MGRM	ARCHIE, ROBERT		
STREET ADDRESS	670 N. ORLANDO AVE. SUITE 102		
CITY-ST-ZIP	MAITLAND FL 32751		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

*9/23/02* *407 609-7070*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)