

L00000013555

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44001634

DOCUMENT # L00000013555

1. Entity Name

GREAT FLORIDA TITLE, L.L.C.



Principal Place of Business

4144 N. ARMENIA AVE.
TAMPA FL 33677

Mailing Address

Colonial Bank
Attn: Tax Department
third floor, ste. 303
One Commerce Street
Montgomery, AL 36104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-9558895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 vice if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR BARKSDALE, ARTHUR ☐ Delete
 STREET ADDRESS 201 E. PINE ST.
 CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME MGR MOORE, SARAH H ☐ Delete
 STREET ADDRESS ONE COMMERCE STREET
 CITY-ST-ZIP MONTGOMERY AL 36104

TITLE NAME MGR LONDON, MICHELLE ☐ Delete
 STREET ADDRESS ONE COMMERCE STREET
 CITY-ST-ZIP MONTGOMERY AL 36104

TITLE NAME MGR REIMER, DAVID ☐ Delete
 STREET ADDRESS ONE COMMERCE STREET
 CITY-ST-ZIP MONTGOMERY AL 36104

TITLE NAME MGR OAKLEY, W. FLAKE IV ☐ Delete
 STREET ADDRESS ONE COMMERCE STREET
 CITY-ST-ZIP MONTGOMERY AL 36104

TITLE NAME MGR LOWDER, ROBERT E ☐ Delete
 STREET ADDRESS ONE COMMERCE STREET
 CITY-ST-ZIP MONTGOMERY AL 36104

10. ADDITIONS/CHANGES

TITLE NAME 400020676564 ☐ Change ☐ Addition
 STREET ADDRESS 04/15/03 90290 001
 CITY-ST-ZIP 150.00

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP 3100.00 OP

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/4/03

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

Date

Daytime Phone #

CFR2083 (10/02)