

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014768

1. Entity Name GULF CITIES TITLE, L.L.C.

FILED

2001 MAY -9 PM 1:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
900 Sixth Avenue South
Suite 203
Naples, FL 34102

Mailing Address
900 Sixth Avenue South
Suite 203
Naples, FL 34102

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

☒ 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

William Schweikhardt
900 Sixth Avenue South, Suite 203
Naples, FL 34102

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

4/17/01

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Member ☐ Delete
William Schweikhardt
900 Sixth Ave S., Ste 203
Naples, FL 34102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Member ☐ Delete
Katherine A. Schweikhardt
900 Sixth Ave, S., Ste 203
Naples, FL 34102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
900004383249--3
-06/08/01--01040--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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☐ 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:

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

Date

Daytime Phone #

K Schweikhardt

4/17/01

(941) 262-2227