

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015570

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF ST JOE BEACH, L

Principal Place of Business
6260 HWY 98
MEXICO BEACH FL 32456

Mailing Address
1715 N WESTSHORE BLVD
STE 990
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

7360 Bryan Dairy Rd.
Suite, Apt. #, etc.
#200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL.

Zip

Country

Zip

Country

33777

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3684112

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

800004710948-5

-12/06/01--01012--005

*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ X
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO of Managing Member
Doug W. Bartle
7360 Bryan Dairy Rd.
Largo, FL 33777

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Controller of Managing Member
Jim Gray
7360 Bryan Dairy Rd.
Largo, FL 33777

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 REQUIRED

Date

Daytime Phone #

0010704

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE