

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-05-2003 92181 007 \*\*\*\*50.00  
L01000012374

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DOCUMENT # L01000012374

1. Entity Name

TITLE AFFILIATES OF INDIAN RIVER, L.L.C.



FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

101 GATEWAY CENTRE PARKWAY, GATEWAY ONE  
RICHMOND VA 23235

Mailing Address

101 GATEWAY CENTRE PARKWAY, GATEWAY ONE  
RICHMOND VA 23235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1116272

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

KIRTLEY, WILLIAM T ESQ.  
1776 RINGLING BLVD  
SARASOTA FL 34238

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME USA TITLE AFFILIATES INC  
STREET ADDRESS 101 GATEWAY CNTR PKWY GATEWAY ONE  
CITY-ST-ZIP RICHMOND VA 23235 ☐ Delete

TITLE MGRM  
NAME FLECKINGER, LAWRENCE  
STREET ADDRESS 4900 HIDDEN PINE PLACE  
CITY-ST-ZIP COCOA FL 32928 ☐ Delete

TITLE MGRM  
NAME HARTUNG, JAMES  
STREET ADDRESS 1483 STAFFORD AVENUE  
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE MGRM  
NAME JENLINEK, DAVID  
STREET ADDRESS 988 SABAL GROVE DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE MGRM  
NAME STARKEY, KATHY  
STREET ADDRESS 6901 ORANGE AVENUE  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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.

USA Title Affiliates, Inc.

SIGNATURE:

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

4/25/03

804 267-8195

Date

Daytime Phone #

Debra J. Vanbuskirk, Vice President

CR2E083 (10/02)