

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90002 002 ****50.00

DOCUMENT # L01000014995

1. Entity Name

LAND TITLE OF CENTRAL FLORIDA, LLC

Principal Place of Business

800 N. JOHN YOUNG PARKWAY
 KISSIMMEE FL 34741

Mailing Address

800 N. JOHN YOUNG PARKWAY
 KISSIMMEE FL 34741

971499

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

59-3742270

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

FOUST, KATHLEEN M
 17 S. ORLANDO AVE.
 KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

34741

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 KEY, JOHN
 712 1/2 ST. JOHN'S AVE
 PALATKA FL 32177-4646 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 Pamela Hogan
 233 Montana Ave
 St Cloud FL 34769 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 HENDERSON, TOM
 4465 BRADY ROAD
 ST. CLOUD FL 34772 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 CARLO, PAMELA
 838-A N. JOHN YOUNG PARKWAY
 KISSIMMEE FL 34741 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 ARRIGONI, TOM
 104 SHELL HARBOR LANE
 SATSUMA FL 32189 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 CARLO, PAMELA
 838-A N. JOHN YOUNG PARKWAY
 KISSIMMEE FL 34741 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 HENDERSON, TOM
 4465 BRADY ROAD
 ST. CLOUD FL 34772 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 HENDERSON, TOM
 4465 BRADY ROAD
 ST. CLOUD FL 34772 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 KEY, JOHN
 712 1/2 ST. JOHN'S AVE
 PALATKA FL 32177-4646 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 KEY, JOHN
 712 1/2 ST. JOHN'S AVE
 PALATKA FL 32177-4646 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 HENDERSON, TOM
 4465 BRADY ROAD
 ST. CLOUD FL 34772 ☐ Delete

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 4465 BRADY ROAD
 ST. CLOUD FL 34772 ☐ 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

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

Date

Daytime Phone #

7/24/02 407-870-2114

CR2E083 (4/02)