

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90182 017 ****50.00

DOCUMENT # L01000015022

1. Entity Name

TITLE AFFILIATES OF ORLANDO, L.L.C.

Principal Place of Business

**101 GATEWAY CENTRE PARKWAY
 GATEWAY ONE
 RICHMOND VA 23235**

Mailing Address

**101 GATEWAY CENTRE PARKWAY
 GATEWAY ONE
 RICHMOND VA 23235**

B0049484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1127696

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 BOULEVARD
 SARASOTA FL 34236**

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME Member
 STREET ADDRESS USA Title Affiitates, Inc.
 CITY-ST-ZIP 101 Gateway Cntr Pkwy, Gateway One
 Richmond, VA 23235

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

TITLE ☐ Delete
 NAME Member
 STREET ADDRESS Joyce Boyd-Elrod
 CITY-ST-ZIP 200 Hazard Street
 Orlando, FL 32804

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

TITLE ☐ Delete
 NAME Member
 STREET ADDRESS John Fleps
 CITY-ST-ZIP 6067 Windhover Drive
 Orlando, FL 32819

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

TITLE ☐ Delete
 NAME Member
 STREET ADDRESS Lori Gaugh
 CITY-ST-ZIP 54 Remington Road
 Winter Green, FL 32751

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 Affiitates, Inc., By: Wm. Chadwick Perrine, ITS: Vice Pres. & Sec.

SIGNATURE:

Wm. Chadwick Perrine
 SIGNATURE REQUIRED

2/27/2002

804 267-8317

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

Date

Daytime Phone #

CR2E083 (9/01)