

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90239 017 ***272.50

DOCUMENT # L01000019992

1. Entity Name

Security First Title Partners of Northeast
Florida LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7360 Bryan Dairy Rd.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3126952

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Security First Title Affiliates, Inc.

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

7360 Bryan Dairy Rd. #200

City

Large, FL

FL

Zip Code

33777

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.

DATE

25,000

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
G.D.
Security First Title Affiliates, Inc.
7360 Bryan Dairy Rd. #200
Large, FL 33777

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

CR2E083B (12/01)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
2002



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

Mailing Address

969901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



969901
L01000019992

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 30, 2002

SECURITY FIRST TITLE PARTNERS OF NORTH EAST FLORIDA, LL
7360 BRYAN DAIRY RD. SUITE 200
LARGO, FL 33777

SUBJECT: SECURITY FIRST TITLE PARTNERS OF NORTH EAST FLORIDA,
LLC

Ref. Number: L01000019992

We have received your document for SECURITY FIRST TITLE PARTNERS OF NORTH EAST FLORIDA, LLC and check(s) totaling \$272.50. However, your check(s) and document are being returned for the following:

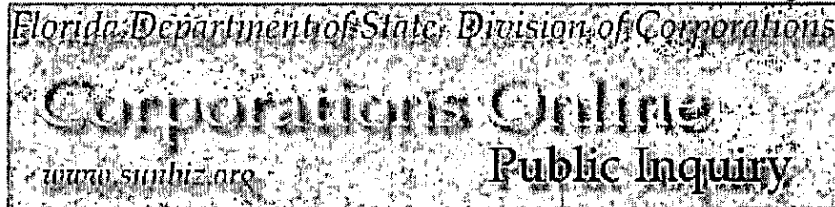
The attached form must be completed in order to file the document.

The fee is \$50.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 202A00035022

Attachment # 201000019992
969901
212.50

Florida Limited Liability

SECURITY FIRST TITLE PARTNERS OF NORTH EAST FLORIDA, LLC

PRINCIPAL ADDRESS
2233 PARK AVE., SUITE 500
ORANGE PARK FL 32073

59-3726952

MAILING ADDRESS
7360 BRYAN DAIRY RD. SUITE 200
LARGO FL 33777

Document Number
L01000019992

FEI Number
NONE

Date Filed
11/14/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Total Contribution

0.00
25,000

Registered Agent

| Name & Address |
|---|
| SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY RD, SUITE 200 LARGO FL 33777 |

Manager/Member Detail

| Name & Address | Title |
|----------------|-------|
| NONE | |

Annual Reports

| Report Year | Filed Date | Intangible Tax |
|-------------|------------|----------------|
|-------------|------------|----------------|

Attachment
Document #
901000019992
969901

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No Events

No Name History Information

[View Document Image\(s\)](#)

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[Corporations Inquiry](#)

[Corporations Help](#)