

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L02000022824

0001548

**DOCUMENT # L02000022824**

1. Entity Name  
**LEGAL EAGLE TITLE INSURANCE CO., L.C.**  
*Jupiter Title Ins. Co., L.C.*



FILED  
03 JUN 24 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**200 ADMIRALS COVE BLVD., STE. 417  
JUPITER FL 33477**

Mailing Address  
**200 ADMIRALS COVE BLVD., STE. 417  
JUPITER FL 33477**

2. Principal Place of Business  
• Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**55-0796447**

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

☒ Applied For  
☐ Not Applicable



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HYMAN, SHERRY ESQ.**  
**200 ADMIRALS COVE BLVD., STE. 417**  
**JUPITER FL 33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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**

**00017838342**  
**05/01/03--01065--004 \*\*350.00**

9. **MANAGING MEMBERS / MANAGERS**

TITLE NAME ☐ Delete  
**Sun Title Abstract Co.**  
**4010-57 Ave South**  
**Suite 104**  
**Greenacres, FL 33463** *M/M*

TITLE NAME ☐ Delete  
**Frankel Development Co. Inc.**  
**200 Admirals Cove Blvd, Suite 107**  
**Jupiter, FL 33477**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. **ADDITIONS / CHANGES**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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]* **4-29-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2003 (10/02)