

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # L02000033895

1. Entity Name



04-28-2003 91001 001 \*\*\*\*50.00

COLONIAL REAL ESTATE TITLE INSURANCE COMPANY  
C

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**320 W. Sabal Palm Place**

3. Mailing Address

**320 W. Sabal Palm Place**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

DO NOT WRITE IN THIS SPACE

City & State

**Longwood, Florida**

City & State

**Longwood, Florida**

4. FEI Number

**59-0810304**

Applied For

Not Applicable

Zip

**32779**

Country

Zip

**32779**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Philip F. Keidaish, Jr.**

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

**320 W. Sabal Palm Place**

**Suite 200**

City

**Longwood**

**FL**

Zip Code

**32779**

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IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Mgr.  
Philip F. Keidaish, Jr.  
320 W. Sabal Palm Place #200  
Longwood, Florida 32779**

TITLE  
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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:

**Philip F. Keidaish, Jr.** 4/25/03 (407) 682-7711

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

Date

Daytime Phone #

CR2E083B (12/02)