

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000561

1. Entity Name
THE CANAL AUTHORITY, L.C.

Principal Place of Business
1300 RIVERPLACE BLVD., SUITE 610
JACKSONVILLE FL 32207

Mailing Address
1300 RIVERPLACE BLVD., SUITE 610
JACKSONVILLE FL 32207

2. Principal Place of Business
6215 Wilson Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7779
Suite, Apt. #, etc.

City & State
Jacksonville, FL 32210

City & State
Jacksonville, FL 32238

Zip Country

Zip Country

4. FEI Number
59-3276182

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRANNEN, WILLIAM M
1300 RIVERPLACE BLVD., SUITE 610
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6215 Wilson Blvd.
City Jacksonville, FL Zip Code 32210

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
FLORIDA TITLE GROUP, INC. ☐ Delete
STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 610
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME MEM
FLORIDA TITLE GROUP, INC. ☐ Delete
STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 610
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME MEM
800 ACRE INVESTMENT PARTNERSHIP ☐ Delete
STREET ADDRESS C/O 1300 RIVERPLACE BLVD., SUITE 610
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 6215 Wilson Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 6215 Wilson Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 6215 Wilson Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004135271--6
CITY-ST-ZIP -05/04/01--01005--009

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE: William M. Brannen William M. Brannen 4/12/01 904/778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000003 3 41

CR2E083 (11/00)