

2001 UNIFORM BUSINESS REPORT (UBR)

0005123 AF

DOCUMENT # L94000000623

FILED

1. Entity Name
BROKERS TITLE, L.C.

01 MAR -5 AM 9:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2699 LEE ROAD
540 SUITE
WINTER PARK FL 32789**

Mailing Address
**2699 LEE ROAD
540 SUITE
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3328495**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**STEPHAN, REINHARD G
2699 LEE ROAD
WINTER PARK FL 32789**

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 _____ (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

10. ADDITIONS/CHANGES

TITLE NAME Delete
**MGRM
STEPHAN, REINHARD G
2699 LEE ROAD
WINTER PARK FL 32789**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
**MGRM
ADAMS, RICHARD H
940 HIGHLAND AVENUE
ORLANDO FL 32803**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

400003828824
03/09/01 Change Addition
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete

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: _____ **2-14-01** **407-629-8870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)