

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013811 AF

DOCUMENT # L97000001384

1. Entity Name

CASTLES TITLE GROUP, L.C.

FILED

01 FEB 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1711 WORTHINGTON RD., #202  
WEST PALM BEACH FL 33409

Mailing Address

1711 WORTHINGTON RD., #202  
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0799113

Applied For

Not Applicable

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

MILLER, JAMES F  
1711 WORTHINGTON ROAD, SUITE 202  
WEST PALM BEACH FL 33409

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

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

(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 MGR  
DEVER, JANE  
STREET ADDRESS 1711 WORTHINGTON RD., #202  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE NAME MGRM  
MILLER, JAMES F  
STREET ADDRESS 1711 WORTHINGTON RD., #202  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE NAME MGR  
RHOTAN, DAVID  
STREET ADDRESS 895 E. PALMETTO PARK RD.  
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 100003782721--8  
-02/27/01--01082--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

TITLE NAME MGR  
ANITA Z KIMBLE  
STREET ADDRESS 1711 WORTHINGTON RD #202  
CITY-ST-ZIP WEST PALM BEACH, FL 33409 ☐ Change ☒ Addition

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 REQUIRED

2/16/01

561-687-8997

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

Date

Daytime Phone #

CR2E083 (11/00)