

2001 UNIFORM BUSINESS REPORT (UBR)

0024344 AF

DOCUMENT # **L98000000269**

1. Entity Name
ASSOCIATED FINANCIAL TITLE AGENCY, L.C.

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1002 W. 23RD ST. SUITE 400
PANAMA CITY FL 32405

Mailing Address
1002 W. 23RD ST. SUITE 400
PANAMA CITY FL 32405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3495912**

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

LE JOIE, JOHN T
2075 CENTRE POINTE BLVD.
TALLAHASSEE FL 32308

Name
Henry, III, Robert F.
Street Address (P.O. Box Number is Not Acceptable)
1002 W. 23rd Street, Suite 400
City
Panama City **FL** Zip Code
32405

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

[Signature] **Robert F. Henry, III**
(NOTE: Registered Agent signature required when reinstating)

4/26/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CRISP, DONALD R ☒ Delete
BAY LAND PLAZA CNTR, 011-C WEST 23RD ST.
PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR ☐ Change ☒ Addition
HENRY, III, ROBERT F.
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR ☒ Delete
CONWAY, MICHAEL W
2075 CENTRE POINTE BLVD.
TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR ☐ Change ☒ Addition
CHAPMAN, KRISTIAN B.
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004271149--0
-05/18/01--01078--015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*******58.75 *****58.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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]* **Robert F. Henry, III, Mgr.** **4/26/01** **850/769-8981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)