

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001223

1. Entity Name

TRI STAR TITLE, L.C.

FILED

01 JAN 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19 OLD KINGS RD. N.
SUITE C-105
PALM COASTINE FL 32137

Mailing Address

19 OLD KINGS RD. N.
SUITE C-105
PALM COASTINE FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3525699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, LOCKWOOD D
201 NORTH FRANKLIN STREET, STE 2100
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM ☐ Delete
STREET ADDRESS PALM COAST ABSTRACT TITLE, INC.
CITY-ST-ZIP 90 OLD KINGS RD. N. SUITE C-105
PALM COAST FL 32137

TITLE NAME MGRM ☐ Delete
STREET ADDRESS FLAGSHIP COMMUNITIES, LLC
CITY-ST-ZIP 430-B ROYAL PINES PKWY, STE 960
ST. AUGUSTINE FL 32092

TITLE NAME MGRM ☐ Delete
STREET ADDRESS ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN
CITY-ST-ZIP ONE TAMPA CITY CENTER, SUITE 2100
TAMPA FL 33602

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
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003601951--0
CITY-ST-ZIP -01/30/01--01085--017--

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

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

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

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:

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

Date

Daytime Phone #

CR2E083 (11/00)