# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 18, 2002 8:00 am**
**Secretary of State**
09-18-2002 90054 036 ****55.00

DOCUMENT # L98000001223

1. Entity Name

TRI STAR TITLE, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 19 OLD KINGS RD. N.<br>SUITE C-105<br>PALM COASTINE FL 32137 | 19 OLD KINGS RD. N.<br>SUITE C-105<br>PALM COASTINE FL 32137 |

DO NOT WRITE IN THIS SPACE

| 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: John T. Lajoie
Street Address (P.O. Box Number is Not Acceptable): 2075 Centre Pointe Boulevard
City: Tallahassee **FL** Zip Code: 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John T. LaJoie *John T. LaJoie* 8/17/02
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**
**Due By September 25, 2002**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>PALM COAST ABSTRACT TITLE, INC.<br>90 OLD KINGS RD. N. SUITE C-105<br>PALM COAST FL 32137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>FLAGSHIP COMMUNITIES, LLC<br>430-B ROYAL PINES PKWY, STE 960<br>ST.AUGUSTINE FL 32092 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>ANNIS, MITCHELL, COCKEY, EDWARS & ROEHN<br>ONE TAMPA CITY CENTER, SUITE 2100<br>TAMPA FL 33602 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM Fred Rigley (Personal)<br>Foley & Lardner<br>100 N. Tampa St., Suite 2700<br>Tampa, FL 33601 | ☐ Change ☒ Addition |
| 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 |
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CR2E083 (4/02)

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 8/15/02 (850)402-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #