

# 2000·UNIFORM BUSINESS REPORT (UBR)

0008373 AF

APPROVED  
AND  
FILED

00 MAY -6- AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001693

1. Entity Name

NEW CENTURY TITLE OF FT. MYERS, L.L.C.

Principal Place of Business

C/O BETA TITLE COMPANY, INC.  
12734 KENWOOD LANE, SUITE 13  
FT. MYERS FL 33907

Mailing Address

C/O BETA TITLE COMPANY, INC.  
12734 KENWOOD LANE, SUITE 13  
FT. MYERS FL 33907-5639

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

65-0864791  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLTON, FIELDS, WARD, ET AL  
ATTN: PAUL C. DAVIS  
ONE HARBOUR PLACE, SUITE 500  
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

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
STREET ADDRESS BETA TITLE COMPANY, INC.  
CITY- ST- ZIP 12734 KENWOOD LANE, SUITE 13  
FT. MYERS FL 33907 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003273615-4  
CITY- ST- ZIP -06/01/00--01059--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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: X

*Paul C. Davis* **MANAGER REQUIRED** Manager

X 3-22-00

Date

Daytime Phone #

CR2E083 (9/99)