

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001694**

1. Entity Name

NEW CENTURY TITLE OF SARASOTA, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

*nf*

Principal Place of Business

C/O STEWART TITLE COMPANY OF SARASOTA, INC.  
3530 WEBBER STREET  
SARASOTA FL 34239

Mailing Address

P.O. BOX 7877  
SARASOTA FL 34239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3530 Webber Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, FL

4. FEI Number

65-0862131

Applied For

Not Applicable

Zip

Country

Zip

Country

34239

USA

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

CARLTON, FIELDS, WARD, ET AL  
C/O PAUL C. DAVIS  
ONE HARBOUR PLACE, SUITE 500  
TAMPA FL 34239

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **STEWART TITLE COMPANY OF SARASOTA, INC.**  
STREET ADDRESS **3530 WEBBER STREET**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition  
NAME **300003350023--9**  
STREET ADDRESS **-08/08/00--01097--011**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: *Gisela Macias*  
Gisela Macias, President

7/25/00

941-923-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)