

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000001735

1. Entity Name
TITLE MANAGEMENT ASSOCIATES, L.L.C.

00 MAR 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11983 TAMiami TRAIL NORTH, SUITE 161
OFFICE CENTER OF NORTH NAPLES
NAPLES FL 34110

Mailing Address
11983 TAMiami TRAIL NORTH, SUITE 161
OFFICE CENTER OF NORTH NAPLES
NAPLES FL 34110-1610

mf 4/6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11983 Tamiami Trail N.

3. Mailing Address
47 River Court

Suite, Apt. #, etc.
Suite 125

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34110

Country

Zip
34110

Country

4. FEI Number
59-3530547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, PAMELA
1905 SOUTH 25TH STREET
SUITE 206
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name
SENA, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)
47 RIVER COURT

City
NAPLES

FL

Zip Code
34110

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 Richard A. Sena RICHARD A. SENA, Managing Member 3/23/00

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
STREET ADDRESS
CITY- ST- ZIP

MGRM
STEWART, PAMELA
1905 SOUTH 25TH STREET, SUITE 206
FORT PIERCE FL 34947

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
SENA, RICHARD A
11983 TAMiami TRAIL NORTH, SUITE 161
NAPLES FL 34110

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SENA, RICHARD A.
47 River Court
Naples, FL 34110

☒ Change ☐ Addition

TITLE
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CITY- ST- ZIP

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☐ 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: Richard A. Sena RICHARD A. SENA

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

3/23/00 941-592-5046

Date Daytime Phone #

CP2E083 (9/99)