

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002595

1. Entity Name

TITLE ASSOCIATES, L.L.C.

Principal Place of Business

Mailing Address

2958 1st Avenue, North
St. Petersburg, FL 33713

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

59-3540896

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

7. Name and Address of New Registered Agent

Albert C. Kreischer, Jr.
1407 W. Busch Blvd
Tampa, FL 33612

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 President ☐ Delete
NAME Joe A. Reinhardt
STREET ADDRESS 2958 1st Avenue, North
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE Vice President ☐ Delete
NAME Erika Meinhardt
STREET ADDRESS 2958 1st Ave N
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE Vice President & Secretary ☐ Delete
NAME Peter T. Sadowski
STREET ADDRESS 2958 1st Ave N
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE Vice President and Treasurer ☐ Delete
NAME Alan L. Stinson
STREET ADDRESS 2958 1st Ave N
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE Vice President & Asst Sec ☐ Delete
NAME Eileen W. Van Roeyen
STREET ADDRESS 2958 1st Ave N
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)