

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032044 SP

**DOCUMENT # L99000004107**

**1. Entity Name**  
**SOUTHERN ESCROW & TITLE, L.L.C.**

FILED

01 APR 25 AM 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**

12815 HWY. 98 WEST  
SUITE 124  
DESTIN FL 32541

**Mailing Address**

12815 HWY. 98 WEST  
SUITE 124  
DESTIN FL 32541

**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**

59-3588976

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**

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD, NE**  
**FT. WALTON BEACH FL 32548**

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** **MGR** ☐ Delete  
**NAME** **BRANNON, GEORGE T**  
**STREET ADDRESS** **12815 HWY. 98 WEST**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)