

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007017

1. Entity Name

COMMUNITY FINANCIAL TITLE, L.L.C.

Principal Place of Business

1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

Mailing Address

1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SWANN, RICHARD R
1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

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

600004316126--8
05/25/01--01004--013
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SWANN, RICHARD R
STREET ADDRESS 1031 WEST MORSE BLVD., SUITE 160
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR
NAME CHAPMAN, KRISTIAN
STREET ADDRESS 2305 HIGHWAY 77
CITY-ST-ZIP PANAMA CITY FL 32405 ☒ Delete

TITLE MGR
NAME BUTLER, NEIL H
STREET ADDRESS 310 EAST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 33302-0839 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004316137--4
-05/25/01--01004--014
*****50.00 *****50.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 606, Florida Statutes.

SIGNATURE: Richard R. Swann 4/30/01 407-647-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 MAY -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)