

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90025 042 \*\*\*\*50.00

**DOCUMENT # L99000007478**

1. Entity Name

**WINTER PARK TITLE SERVICES, L.L.C.**



Principal Place of Business

**1031 WEST MORSE BOULEVARD, SUITE 160  
WINTER PARK FL 32789**

Mailing Address

**1031 WEST MORSE BOULEVARD, SUITE 160  
WINTER PARK FL 32789**

2. Principal Place of Business

**1031 W. Morse Blvd.**

Suite, Apt. #, etc.

**Suite 350**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

3. Mailing Address

**1031 W. Morse**

Suite, Apt. #, etc.

**Suite 350**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

**20023007**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3613114**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWANN, RICHARD R**

**1031 WEST MORSE BOULEVARD, SUITE 160  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

**Swann, Richard R.**

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

**1031 West Morse Boulevard**

**Suite 350**

City

**Winter Park**

**FL**

Zip Code

**32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGR** ☐ Delete  
NAME **KEEN, ALLAN E**  
STREET ADDRESS **1031 WEST MORSE BOULEVARD, SUITE 160**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MRG** ☐ Delete  
NAME **ARROWSMITH, ROGER S**  
STREET ADDRESS **1888 EAGLE HARBOR PARKWAY**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Swann, Richard R.**  
STREET ADDRESS **1031 W. Morse Boulevard, Suite 350**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Keen, Allan E**  
STREET ADDRESS **1031 W. Morse Blvd., Suite 350**  
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

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

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

CR2E083 (10/02)

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]*

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**1-29-03 407-647-2777**