

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 14 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009146

1. Entity Name

FIRST FLORIDA TITLE INSURANCE AGENCY, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

8905 Regents Park

3. Mailing Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.  
Suite 230

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tallahassee, FL

Zip  
33647

Country  
USA

Zip  
32308

Country  
USA

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

John T. LaJoie

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

2075 Centre Pointe Blvd.

City

Tallahassee

FL

Zip Code

32308

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

Member  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

First American Title Insurance Co.  
2075 Centre Pointe Blvd.  
Tallahassee, FL 32308

Member  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

Windward Homes, Inc.  
5402 Beaumont Center Blvd., Ste. 108  
Tampa, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

7000003224047-8  
-04/26/00--01007--004  
\*\*\*\*\*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

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 OR MANAGER

Regional V.P. of Member

4/6/00

First American Title Insurance Company (850)402-4101

Date

Daytime Phone #