

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009146

1. Entity Name

FIRST FLORIDA TITLE INSURANCE AGENCY, LLC

Principal Place of Business

8905 REGENTS PARK SUITE 230
TAMPA FL 33647

Mailing Address

2075 CENTRE POINTE BLVD.
TALLAHASSEE FL 32308

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

59-3616163

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

FIRST AMERICA TITLE INSURANCE COMPANY
2075 CENTRE POINTE BOULEVARD
TALLAHASSEE FL 32308

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

John T. LaJoie

John T. LaJoie

3/23/01

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

100003985591--0
-04/11/01--01005--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM
NAME FIRST AMERICAN TITLE INSURANCE CO.
STREET ADDRESS 2075 CENTRE POINTE BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE MEM
NAME WINDWARD HOMES, INC.
STREET ADDRESS 5402 BEAUMONT CENTER BLVD., STE. 108
CITY-ST-ZIP TAMPA FL 33643 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Mike Conway

3/28/01

(850) 402-1502

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

Date

Daytime Phone #

CR2E083 (11/00)

UNIFORM
AIR

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE