

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007809

1. Entity Name
SOUTH POINTE TITLE COMPANY, INC.

FILED

02 OCT -7 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

940 LINCOLN RD, STE 319
MIAMI BEACH FL 33139

Mailing Address

940 LINCOLN RD, STE 319
MIAMI BEACH FL 33139

2. Principal Place of Business

757 Washington Ave
Suite, Apt. #, etc.
2 Floor

3. Mailing Address

757 Washington Ave
Suite, Apt. #, etc.
2 Floor

City & State

City & State

4. FEI Number

65-1075290

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPS, DAVID ESQ

940 LINCOLN RD, STE 319
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

757 Washington Ave
2 Floor

City

Miami Beach

FL

Zip 33139

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME FOLLAND, CHRISTIAN
STREET ADDRESS 940 LINCOLN RD, STE 319
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS 757 Washington Ave, 2 Floor ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE V
NAME PHILIPS, DAVID
STREET ADDRESS 940 LINCOLN RD, STE 319
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS 757 Washington Ave, 2 Floor ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.13.02

Date

Daytime Phone #

CR2E034 (4/02)