

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040857

1. Entity Name

THE SECURITY FIRST TITLE AFFILIATES, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90116 050 \*\*\*158.75

Principal Place of Business

Mailing Address

1715 N. WESTSHORE BLVD.  
#150  
TAMPA FL 33607

1715 N. WESTSHORE BLVD.  
#150  
TAMPA FL 33607-3911

2. Principal Place of Business

3. Mailing Address

1715 N. Westshore Blvd.  
Suite, Apt. #, etc.  
# 990

Suite, Apt. #, etc.  
Same

City & State  
Tampa, FL.

City & State

Zip  
33607

Country  
U.S.A.

Zip

Country

4. FEI Number 65-0586008

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREBER, ALAN S.  
1715 N. WESTSHORE BLVD.  
~~1715 N. WESTSHORE BLVD.~~ #990  
TAMPA FL 33607

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD  
NAME GREBER, ALAN S.  
STREET ADDRESS 1715 N. WESTSHORE BLVD. #150  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE D  
NAME BOIS, MELVIN  
STREET ADDRESS 1715 N. WESTSHORE BLVD, SUITE 150  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE D  
NAME GREBER, HOWARD M.  
STREET ADDRESS 1715 N. WESTSHORE BLVD. #150  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE D  
NAME CONWAY, MICHAEL  
STREET ADDRESS 1715 N. WESTSHORE BLVD, SUITE 150  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE D  
NAME HARRIS, PATRICIA  
STREET ADDRESS 1715 N WESTSHORE BLVD, #150  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #