

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90068 031 ***158.75

DOCUMENT # P95000040945

1. Entity Name
TITLE PARTNERS OF AMERICA, INC.

Principal Place of Business
3577 PARKWAY LANE
STE 110
NORCROSS GA 30092
US

Mailing Address
1715 N. WESTSHORE BLVD.
SUITE 990
TAMPA FL 33607

2. Principal Place of Business
2600 Century Parkway

3. Mailing Address

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

City & State
Atlanta, GA

City & State

Zip
30345

Country

Zip

Country

4. FEI Number **65-0586007**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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 #150 #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, 2001 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 **DP** ☐ Delete
 NAME **GREBER, ALAN S**
 STREET ADDRESS **3008 FAIROAKS AVE**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ Change ☐ Addition
 NAME **10403 Carroll Cove Place**
 STREET ADDRESS **Tampa, FL 33612**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GREBER, HOWARD M**
 STREET ADDRESS **4574 CHERRYBARK CT.**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☒ Change ☐ Addition
 NAME **7080 Webber Road**
 STREET ADDRESS **Sarasota, FL 34240**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: **Alan S. Greber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 800-711-2846

CR2E034 (10/00)