

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90013 027 ***150.00

DOCUMENT # 655303

1. Entity Name •
SUMMIT HOTEL MANAGEMENT COMPANY, INC.

| | |
|---|---|
| Principal Place of Business 325 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263 | Mailing Address 325 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 325 5th Ave. #207 | 3. Mailing Address PO Box 33547 |
|---|---|

| | |
|--|---------------------|
| Suite, Apt. #, etc. P.O. Box 33547 | Suite, Apt. #, etc. |
|--|---------------------|

| | |
|--|--|
| City & State INDIALANTIC, FL | City & State INDIALANTIC, FL |
|--|--|

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-1986853 | Applied For |
| | Not Applicable |

| | | | | |
|------------------|--------------------|------------------|--------------------|---|
| Zip 32903 | Country USA | Zip 32903 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|------------------|--------------------|------------------|--------------------|---|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOONIN, LARRY
 325 FIFTH AVENUE
 STE 207
 INDIALANTIC FL 32903**

| |
|--|
| 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 _____ (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.
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 NAME D FAUST, CHARLES R. | <input type="checkbox"/> Delete |
| STREET ADDRESS 4116 N. OCEAN DR., #700 | |
| CITY-ST-ZIP LAUDERDALE BY THE SEA FL | |
| TITLE NAME D THOMPSON, C. WAYNE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 325 FIFTH AVENUE | |
| CITY-ST-ZIP INDIALANTIC FL | |
| TITLE NAME P VOLKERT, LEON | <input type="checkbox"/> Delete |
| STREET ADDRESS 4116 N. OCEAN DR., #700 | |
| CITY-ST-ZIP LAUDERDALE BY THE SEA FL | |
| TITLE NAME STD KOONIN, LARRY | <input type="checkbox"/> Delete |
| STREET ADDRESS 325 FIFTH AVENUE | |
| CITY-ST-ZIP INDIALANTIC FL | |
| TITLE NAME AS HENDERSON, CHARISSE A. | <input type="checkbox"/> Delete |
| STREET ADDRESS 325 FIFTH AVENUE | |
| CITY-ST-ZIP INDIALANTIC FL | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|-------------------|--|
| TITLE NAME V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Larry Koonin **LARRY KOONIN** 1-19-01 321 725-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0484K-1

CR2E034 (10/00)