

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90073 039 ***150.00

DOCUMENT # F98000002517

1. Entity Name
SUMMERVILLE AT PORT ORANGE, INC.

Principal Place of Business
3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583

Mailing Address
3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2103425

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

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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, 2002 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	C	<input checked="" type="checkbox"/> Delete
NAME	HEIMBOLD, ARTHUR	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COBB, GRANGER	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, STUART	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, BILL	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEIBART, LEE	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, HOWARD DR.	
STREET ADDRESS	220 SUTTON STREET	
CITY-ST-ZIP	NORTH ANDOVER MA 01845	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Richard Ackerman	
STREET ADDRESS	1999 Ave. of the Stars, Suite 1900	
CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Granger Cobb

1/14/02
Date

925 866-1999
Daytime Phone #

CR2E034 (9/01)