

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90615 046 \*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ACKERMAN, RICHARD</b> <b>1999 AVE OF THE STARS STE 1900</b> <b>LOS ANGELES CA 90067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <input type="checkbox"/> Delete <b>COBB, GRANGER</b> <b>3000 EXECUTIVE PARKWAY, STE. 530</b> <b>SAN RAMON CA 94583</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KOENIG, STUART</b> <b>1301 AVENUE OF THE AMERICAS, 38TH FLOOR</b> <b>NEW YORK NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BENJAMIN, BILL</b> <b>1301 AVENUE OF THE AMERICAS, 38TH FLOOR</b> <b>NEW YORK NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NEIBART, LEE</b> <b>1301 AVENUE OF THE AMERICAS, 38TH FLOOR</b> <b>NEW YORK NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GARDNER, HOWARD DR.</b> <b>220 SUTTON STREET</b> <b>NORTH ANDOVER MA 01845</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Melanie Werdel **3/5/03** **(925) 866-1999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)