

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59497

1. Entity Name

SUMMER PLACE, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90053 047 ***150.00

Principal Place of Business

Mailing Address

2707 PEBBLE BEACH DR
NAVARRE FL 32566

2707 PEBBLE BEACH DR
NAVARRE FL 32566-8817



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

59-2926491

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

EVANS, ROBERT B
1444 HOMEPORT DR.
NAVARRE BCH FL 32566

Name

EVANS, ROBERT B

Street Address (P.O. Box Number is Not Acceptable)

2707 PEBBLE BEACH DR

NAVARRE

City

FL

Zip Code
32566

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	P	☐ Delete
NAME	EVANS, ROBERT B.	
STREET ADDRESS	1444 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☐ Change ☐ Addition
NAME	EVANS, ROBERT B	
STREET ADDRESS	2707 PEBBLE BEACH DR	
CITY-ST-ZIP	NAVARRE, FL. 32566	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. EVANS

Date

3/6/00 850.939.2741

Daytime Phone #

CR2E034 (9/99)