

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/5

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90005 012 \*\*\*150.00

**DOCUMENT # 504978**

1. Entity Name

**SUMMERLIN & SONS, INC.**

Principal Place of Business  
 10100 PENSACOLA BLVD.  
 PENSACOLA FL 32534-1248

Mailing Address  
 10100 PENSACOLA BLVD.  
 PENSACOLA FL 32534-1248

2. Principal Place of Business

*P.O. Box 41*

3. Mailing Address

*P.O. Box 41*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*GONZALEZ FL*

City & State

*GONZALEZ FL*

Zip

*32560*

Country

*USA*

Zip

*32560*

Country

*USA*

4. FEI Number **59-1670097**

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

**SUMMERLIN, ROBERT W.**  
**10100 PENSACOLA BLVD.**  
**PENSACOLA FL**

*P.O. Box 41*

*GONZALEZ FL 32560*

*2135 SQUIRE DR*  
*CANTONMENT FL 32533*

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

*Robert W Summerlin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/31/01*

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

TITLE **VD** ☐ Delete  
 NAME **SUMMERLIN, BARRY A.**  
 STREET ADDRESS **2101 PACKWOOD DRIVE**  
 CITY-ST-ZIP **CANTONMENT FL**

TITLE **STD** ☐ Delete  
 NAME **SUMMERLIN, PAULINE Y.**  
 STREET ADDRESS **ROUTE 3, BOX 140**  
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **P** ☐ Delete  
 NAME **ROBERT SUMMELAIN**  
 STREET ADDRESS **2135 SQUIRE DR**  
 CITY-ST-ZIP **CANTONMENT 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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:

*Robert W Summerlin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/31/01*  
 Date

*850 968 4768*  
 Daytime Phone #

CR2E034 (10/00)