

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545643

1. Entity Name

SUMMERLAND KEY PROPERTIES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90180 002 ***150.00

Principal Place of Business

1219 NORWOOD AVE
CLEARWATER FL 33756
US

Mailing Address

1219 NORWOOD AVE
CLEARWATER FL 33756-4509
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1788861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDLER, JEFFREY L.
701 BRICKELL AVE - SUITE 2000
MIAMI BEACH FL 33131

change
address

7. Name and Address of New Registered Agent

Name

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

100 SE 2nd Street - Suite 3500

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRANE, STEWART R.	
STREET ADDRESS	227 VIRGINIA DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKAY, S.J.	
STREET ADDRESS	WAIPAPA ROAD	
CITY-ST-ZIP	KERIKERI NE W Zealand	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMPBELL, DORIS H.	
STREET ADDRESS	1219 NORWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

Date

Daytime Phone #

CR200004 10/0001