

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000677**

1. Entity Name

SUMMIT GOLF GROUP, LTD.

FILED

02 MAY 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2202 N. WEST SHORE BLVD
4TH FL
TAMPA FL 33607**

Mailing Address

**2202 N. WEST SHORE BLVD
4TH FL
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

☒ 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

**THOMPSON JR, WILLIAM L
2301 PARK AVENUE STE 404
ORANGE PARK FL 32073**

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.

DATE

9. Capital Contributions
as Shown on record.

\$7,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000036787**
NAME **HT SUMMIT GOLF INC**
STREET ADDRESS **2202 N WEST SHORE BLVD., 4TH FL**
CITY-ST-ZIP **TAMPA FL**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER

4/22/02

Date

Daytime Phone #

CR2E003 (9/01)