

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000917

1. Entity Name

THE SUMMIT AT TOPS'L, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1000 Ridgeway Loop Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

City & State

City & State

Memphis TN

Zip

Country

Zip

Country

38120 USA

4. FEI Number

59-3293708

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

Name

FRANK L. FLANN JR

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

4000 Sandestin Blvd South

City

Destin

FL

Zip Code

32550

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

Frank L. Flann Jr

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

1000

10. Amount of Capital Contributions in FLORIDA to date.

1000

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 # P94000089186
NAME The Summit at Tops'l Inc
STREET ADDRESS 1000 Ridgeway Loop Road Suite 320
CITY-ST-ZIP Memphis TN 38120

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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: *Robert T. Korman* V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert T. Korman

3/18/01

Date

901-681-9181

Daytime Phone #

FILED

01 APR -4 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJH

CR2E003 (11/00)