

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019544 AB

DOCUMENT # **A95000000917**

1. Entity Name

**THE SUMMIT AT TOPS'L, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 15 PM 2:08

Principal Place of Business

**1000 RIDGEWAY LOOP ROAD, SUITE 320  
MEMPHIS TN 38120**

Mailing Address

**1000 RIDGEWAY LOOP ROAD, SUITE 320  
MEMPHIS TN 38120**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

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

**FLAUTT, FRANK L JR.  
4000 SANDESTIN BLVD. SOUTH  
DESTIN FL 32550**

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.

**\$1,000.00**

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 # **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

**500004785445-5**  
**-01/22/02--01009--008**  
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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:

*The Summit at Tops'l Inc*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/10/02*  
Date

*901-681-4181*  
Daytime Phone #

CR2E003 (9/01)