

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019860
MB

DOCUMENT # A95000000917

1. Entity Name
THE SUMMIT AT TOPS'L, LTD.



FILED

03 JAN 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions

\$1,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 J. Lamm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03

Date

901-681-5181

Daytime Phone #

CR2E003 (10/02)