

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000592

1. Entity Name
SUMMERFORD HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3: 05

Principal Place of Business
**5323 61ST AVE., S.
ST. PETERSBURG FL 33715**

Mailing Address
**1400 BATTLEGROUND AVE., ~~2004-A~~
GREENSBORO NC 27408-8036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 213

City & State

City & State

4. FEI Number **59-3433484**

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

**SUMMERFORD, HAROLD C
5323 61ST AVE., S.
ST. PETE BEACH FL 33715**

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

9. Capital Contributions as Shown on record. **\$25,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,143,864.00**

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 # **P97000015884**
NAME **SUMMERCORP, INC.**
STREET ADDRESS **5323 61ST AVENUE SOUTH**
CITY - ST - ZIP **ST PETERSBURG FL 33715**

STREET ADDRESS
CITY - ST - ZIP **400003242714--4**

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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP **-05/08/00--01102--016**
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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 REQUIRED *Harold C. Summerford* **787-864-2750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **4/16/00** Daytime Phone #