

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-12-2001 90013 001 ***150.00

DOCUMENT # F94000000609

1. Entity Name

SUMMIT PROPERTIES REAL ESTATE INC.

Principal Place of Business

212 SOUTH TRYON ST., STE. 500
 CHARLOTTE NC 28281

Mailing Address

212 SOUTH TRYON ST., STE. 500
 CHARLOTTE NC 28281

2. Principal Place of Business

309 E. Morehead St.

Suite, Apt. #, etc.

Suite 200

City & State

Charlotte, NC

Zip

28202

Country

USA

3. Mailing Address

309 E. Morehead St.

Suite, Apt. #, etc.

Suite 200

City & State

Charlotte, NC

Zip

28202

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-1857807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
 NAME **MCGUIRE, WILLIAM B JR.**
 STREET ADDRESS **212 SOUTH TRYON ST., STE. 500**
 CITY-ST-ZIP **CHARLOTTE NC 28281**

TITLE **DCEO** ☐ Delete
 NAME **PAULSEN, WILLIAM F**
 STREET ADDRESS **212 SOUTH TRYON ST., STE. 500**
 CITY-ST-ZIP **CHARLOTTE NC 28281**

TITLE **EVPC** ☐ Delete
 NAME **SCHWARZ, MICHAEL L**
 STREET ADDRESS **212 SOUTH TRYON ST., STE. 500**
 CITY-ST-ZIP **CHARLOTTE NC 28281**

TITLE **SVPT** ☐ Delete
 NAME **MOORE, JOHN C.**
 STREET ADDRESS **212 SOUTH TRYON ST., STE. 500**
 CITY-ST-ZIP **CHARLOTTE NC 28281**

TITLE **DPCO** ☐ Delete
 NAME **LEBLANC, STEVEN R**
 STREET ADDRESS **212 SOUTH TRYON ST., STE. 500**
 CITY-ST-ZIP **CHARLOTTE NC 28281**

TITLE **EVP** ☐ Delete
 NAME **HAMILTON, WILLIAM B**
 STREET ADDRESS **212 SOUTH TRYON STREET., STE 500**
 CITY-ST-ZIP **CHARLOTTE NC**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **309 East Morehead St. Suite 200**
 CITY-ST-ZIP **Charlotte NC 28202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **309 E. Morehead St., Suite 200**
 CITY-ST-ZIP **Charlotte NC 28202**

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **309 E Morehead St., Suite 200**
 CITY-ST-ZIP **Charlotte NC 28202**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa C. Norman **MELISSA C. NORMAN**

2/1/01

704-334-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John C. Moore **John C. MOORE** 2/26/01

CR2003A (10/00)