

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003622

1. Entity Name

SUMMIT MORTGAGE CORPORATION OF TEXAS

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 038 ***550.00

Principal Place of Business

11999 KATY FREEWAY, STE 650
HOUSTON TX 77079

Mailing Address

11999 KATY FREEWAY, STE 650
HOUSTON TX 77079

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0260402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JULIO
3600 N.W. 43RD STREET
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Kimberly Lindsey

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

3600 N.W. 43rd street

City

Gainesville

FL

Zip Code

32606

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

Kimberly Lindsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WILLIAMS III, V B
11999 KATY FREEWAY, STE 650
HOUSTON TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PORTER, STUART
11999 KATY FREEWAY, STE 650
HOUSTON TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

(281)584-2100

Daytime Phone #

CR2E034 (5/00)