

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000004246**

1. Entity Name

SUMMERVILLE AT HUNTER'S CREEK, INC.

Principal Place of Business

**3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583**

Mailing Address

**3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2117680

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVE., STE 200
TALLAHASSEE FL 32301**

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 \$550.00
After September 12, 2001 Fee 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	C	<input type="checkbox"/> Delete
NAME	HEIMBOLD, ARTHUR	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530	
CITY-ST-ZIP	SAN RAMON CA 94583	

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COBB, GRANGER	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530	
CITY-ST-ZIP	SAN RAMON CA 94583	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shuart Koenig	
STREET ADDRESS	1301 Avenue of the Americas, 38th Floor	
CITY-ST-ZIP	New York, NY 10019	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Benjamin	
STREET ADDRESS	1301 Avenue of the Americas, 38th Floor	
CITY-ST-ZIP	New York, NY 10019	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Neibart	
STREET ADDRESS	1301 Avenue of the Americas, 38th Flr.	
CITY-ST-ZIP	New York, NY 10019	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Howard Gardner	
STREET ADDRESS	200 Sutton St.	
CITY-ST-ZIP	North Andover, MA 01845	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Ackerman	
STREET ADDRESS	1999 Avenue of the Stars, #1900	
CITY-ST-ZIP	Los Angeles, CA 90067	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90008 023 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E03(5/01)